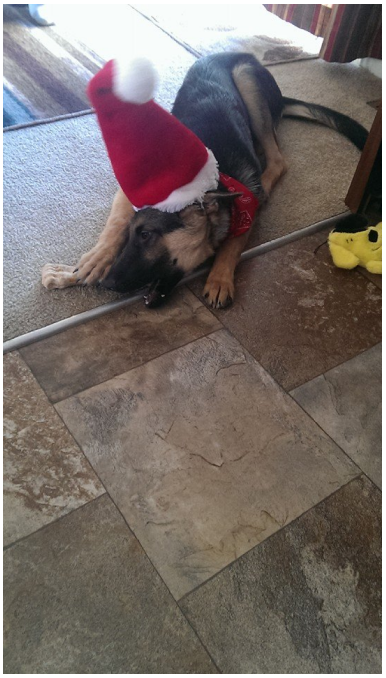

Owner Name: Jeremy Lancaster

Owner Phone Number: 724-263-3475

Owner Email: jeremy@jeremylancasterconsulting.com

Drop Off Date: 2013-11-18

Pick Up Date: 2013-11-22

Number of Dogs: 3

Board them together: 1

Dog Name(s): Sophie

Dog Age(s): 1

Dog Breed(s): German Sheperd

List of Allergies: None

List Of Medications None

Flea Medication: None

Feeding Requirements: Nothing Special

Treats 1

Walks 1

Dog Park 1

Play Time 1

Report Card

Vaccinne Upload

2010 IMMUNIZATION PROVIDER VACCINE AGREEMENT

between

State of Maine ❋ Maine Centers for Disease Control ❋ Maine Immunization Program
286 Water Street, Key Plaza, 9th Floor, 11 State House Station
Augusta, Maine 04333-0011
Phone (207) 287-3746, 1-800-867-4775 ❋ Fax (207) 287-8127, 1-800-437-5743

and

Pin # _____ Practice: _____

Organization:_____

Vaccine Manager: _____

Phone: _____ Fax: _____ e-mail: _____

Medicaid Provider #: _____ Federal Tax ID #: _____

Vaccine Delivery Address:	**Mailing Address:**
_____	_____
_____	_____
_____	_____

(**NOTE**: Please make corrections to above information and fill in blank fields)

Please indicate any day(s) the Office is **Closed**: ___ Mon ___ Tues ___ Wed ___ Th ___ Fri

Type of Facility (please check only one box):

- ❒ A. Public Health Department - 10 (A state, district, county or city public health clinic)
- ❒ B. Federally Qualified Health Center (FQHC) - 15 (Primary care clinics funded by the Bureau of Primary Health Care (BPHC/HRSA) as well as FQHCs and "look-alikes" not funded by BPHC)
- ❒ C. Rural Health Clinic (RHC) - 15 (A clinic located in a shortage area as designated by HCFA)
- ❒ D. Other Public Health - 16 (Any other public funded clinic which provides immunizations, for example Indian Health Service/Tribal Health Clinic, public school or state, district, county, city public outpatient clinic) Please designate: _____
- ❒ E. Private Practice (Individual or Group) - 20
- ❒ F. Private Hospital - 22
- ❒ G. Other Private Facility – 24 (For example, Nursing Homes, Long Term Care, Manufacturers)

Age Cohort Summary (please check only one box):

❒ 0-18 years ❒ 19-99+ years ❒ 0-99+ years

The information contained in this agreement should be kept up to date throughout 2010. Please notify the Maine Immunization Program at 287-3746, within 10 days of a change of information, to update the contents of this agreement.