

Owner Name:

Owner Phone Number:

Owner Email:

Drop Off Date: 2013-11-22

Pick Up Date: 1969-12-31

Number of Dogs:

Board them together:

Dog Name(s):

Dog Age(s):

Dog Breed(s):

List of Allergies:

List Of Medications

Flea Medication:

Feeding Requirements:

Treats 0

Walks 0

Dog Park 0

Play Time

Report Card

Vaccine 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.