

Drop Off Date:

Pick Up Date:

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

Walks

Dog Park

Play Time

Report Card

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 S

Augusta, Maine 04333-0011

Phone (207) 287-3746, 1-800-867-4775 * Fax (207) 287-8127, 1-

and

Pin # _____

Practice: _____

Organization: _____

Vaccine Manager: _____

Phone: _____

Fax: _____

Medicaid Provider #: _____ Federal Tax ID #: _____

Vaccine Delivery Address:

Mailing Address:

(NOTE: Please make corrections to above information and fill in blank spaces.)

Please indicate any day(s) the Office is **Closed**: ____ Mon ____ Tues ____

Type of Facility (please check only one box):

- ☐ A. Public Health Department - 10 (A state, district, county or city public health department)
- ☐ B. Federally Qualified Health Center (FQHC) - 15 (Primary care clinics funded by HRSA Health Care (BPHC/HRSA) as well as FQHCs and "look-alikes" not funded by HRSA)
- ☐ C. Rural Health Clinic (RHC) - 15 (A clinic located in a shortage area as designated by HRSA)
- ☐ D. Other Public Health - 16 (Any other public funded clinic which provides immunization services: Health Service/Tribal Health Clinic, public school or state, district, county, or city health department)
Please designate: _____
- ☐ E. Private Practice (Individual or Group) - 20