

HCACC Vaccine Appointment Request

Hours of Operations

1923 Industrial Park Road, Bldg #2, Conway, SC 29527

Clinic: (843) 915-5171

Fax: (843) 915-6170

Email: CLINIC@HORRYCOUNTYSC.GOV

10:30 am-4:30 pm BY APPOINTMENT ONLY

MTWThF

Have you been here before?	NO	YES							
NAME:	PHONE	E #:		EM <i>A</i>	AIL ADDF	RESS:			
ADDRESS:			APT: C	ITY:		STATE	::ZI	P CODE:	
WOULD YOU PREFER YOUR APP	POINTMENT	T DURING TH	łE:	AM	(8 am—1	2 pm)	PM (1:	30 pm—4:	30pm)
F YOU WOULD LIKE FOR YOUR I NUMBER.	PET TO BE	E MICROCHIF	PPED, PLEA	SE PROVI	DE AN A	LTERNATE	CONTACT	T PERSON	I & PHONE
ALTERNATE CONTACT PERSON:	:				PH0	ONE NUMBE	R:		
**********	*******	*****PE	T'S INFORM	ATION****	******	*****	*****	*******	******
Has your pet been here before	re? Y	'ES	NO (if you s	elected "N	NO", <mark>SKI</mark> I	P question 2)		
2) Are they under your name?	Y	ES .	NO (if you s	elected "l	NO" , list	the person	name:		
PET'S NAME:				SPE	CIES:	DOG	CAT		
PRIMARY BREED:			SEC	ONDARY	BREED:				
Dog, Cat, Mix, Feist, & Mutt of your animal. For Fello		•			•				
your animal. For Fell AGE: YEARS GENDER: MALE	ines: indic MONTH FEMAL	cate if they o	are short, n VEEKS MALE (N	COLOR	or long l (S): O)	FEMA	LE (SPAY	sure of th	e breed.
your animal. For Fell AGE: YEARS GENDER: MALE PATTERN: SOLID	MONTH FEMAL BICOLO	cate if they and the second se	are short, not	COLORI COLORI IEUTEREI BRII	or long I (S): D) NDLE	FEMA	LE (SPAY	ED)	e breed.
your animal. For Fell AGE: YEARS YEARS GENDER: MALE PATTERN: SOLID TABBY	MONTH FEMAL BICOLO	cate if they and the second se	are short, not	nedium, c COLOR IEUTEREI BRII DILL	or long I (S): O) NDLE JTE	FEMA MERLI	LE (SPAY	ED)	e breed.
your animal. For Fell AGE: YEARS GENDER: MALE PATTERN: SOLID	MONTH FEMAL BICOLO	cate if they and the second se	are short, not	nedium, c COLOR IEUTEREI BRII DILL	or long I (S): O) NDLE JTE	FEMA MERLI	LE (SPAY	ED)	e breed.
your animal. For Fell AGE: YEARS YEARS GENDER: MALE PATTERN: SOLID TABBY	MONTH FEMAL BICOLO	cate if they and the second se	are short, not	COLORI EUTEREI BRII DILL	or long I (S): D) NDLE JTE lic Spay	FEMA MERLI	LE (SPAY	ED)	e breed.
your animal. For Fell AGE: YEARS GENDER: MALE PATTERN: SOLID TABBY If you would like your pet to be	MONTH FEMAL BICOLO	cate if they and the second se	weeks MALE (No FRICOLOR FORTI See complete A La Ca	COLORI EUTEREI BRII DILL	or long I (S): D) NDLE JTE lic Spay	FEMA MERLI	LE (SPAY E R:	ED)	e breed.
your animal. For Fell AGE: YEARS GENDER: MALE PATTERN: SOLID TABBY If you would like your pet to be Bordetella (Kennel Cough) (K9 Only)	MONTH FEMAL BICOLO CALICO spayed/ne	cate if they and the second of	weeks MALE (No FRICOLOR FORTI See complete A La Ca	COLOR BRII DILL te the Publ rte Items \$15	or long I (S): D) NDLE JTE lic Spay	FEMA MERL OTHE Neuter App	LE (SPAY E R:	ED)	e breed.

Applications can be dropped off one of three ways:

1) EMAIL: <u>CLINIC@HORRYCOUNTYSC.GOV</u>

2) Fax: (843) 915-6170

3) In person Monday-Friday between 10:30 am—4:30 pm.