Vaccine Clinic Planning Sheet

Event: Spring/Fall Year: _____ Goal: Vaccinate #_____ of pets

Location: _____

Contact:

_____

At Event location:

#_____ Tents Needed

#_____Tables #_____Chairs

Restrooms Open & Available? Y N

Rainy Day Plan: ___Y ____N (attach plan to back of this packet).

Veterinarians: _____

_____Reach out to **Volunteer Veterinarians** before scheduling APA DVMS

Technicians: _____

____ **Update Vet Team PowerPoint** to include info specific to the clinic.
Have done and ready to share by date: _____

Reserve:

____**APA Van (**Reserve for picking up & dropping off items from Kicking Cow, dropping off supplies prior to clinic and for day of clinic)

Notify Community Partners:

North County Tech Students

_____Email Danielle/Michelle about the vaccine clinic dates as soon as they are scheduled so they can reach out to the lead for North County Tech Animal Assistant program. Be sure to include the volunteer form for students/parents to sign. In 2025 we had 1 student paired with a Vet Team for a morning shift then an afternoon shift for a total of 6 students.

Community Partners

_____Email Community Partners as soon as the dates are set to see if any want to table or share information about their organization at the vaccine clinic. Attach volunteer form to sign and return to APA.

Org Name: _____ Contact: _____

Org Name: _____ Contact: _____

Org Name: _____ Contact: _____

Vx Clinic Advertising Plan

____ Work with Comms Team to set up appointment scheduling

____ Date online appointment scheduling will go live

____ APA Social Media Post (1 month prior to event)

____ Create and post ad asking for more pet food donations

____Send APA Branded Flyer/Event Info to Event Contacts to share (1 month prior to event)

Other:

_____

_____

Community Survey

_____ Update Community Survey and create QR code Sticker to place on envelopes.

QR code stickers to be ordered from: _____

Signage:

____**APA Banner**_____

____**Yard Signs**_____

Signage to order: Order from GeneDel: orders@genedel.com

_____

_____

_____

Forms:

Order from GeneDel: orders@genedel.com

____**Registration/Consent Form (Duplicate)** On hand: _____ **Need to order: _____**

____ **Medical Notes (Duplicate)** On hand: _____ **Need to order: _____**

Client Info Envelopes

of envelopes on hand: _____ **Need to order: _____**

"This envelope Contains" Sticker: # On hand: _____ **Need to order: _____**

Community Survey QR Code Sticker: # On hand: _____ **Need to order: _____**

Stuffed with

Vaccine Rxn info # On hand: _____ **Need to Print: _____**

Spay/Neuter info # On hand: _____ **Need to Print: _____**

Hope Fund Info # On hand: _____ **Neet to Print: _____**

Pet Food Support Info # On hand: _____ **Need to Print: _____**

Business Cards: Name: _____ **circle one:** Have Enough **Need to Order: _____**

Other info?

_____

Vaccines: *Have APA Practice Manager order vaccines*

___**Rabies** # On hand: _____ **Need to order: _____**

___**DHPP** # On hand: _____ **Need to order: _____**

___**FVRCP** # On hand: _____ **Need to order: _____**

___**Syringes w/ needles** # On hand: _____ **Need to order: _____**

___**Oral dosing syringes for Pyrantel** # On hand: _____ **Need to order: _____**

___**Microchips** # On hand**:** _____ **Need to order: _____**

Rabies Tags: Order through County – **Contact:** _____

County

___**StL County Registration Forms** # On hand: _____ **Need to order: _____**

___**StL County Altered Rabies Tags** # On hand: _____ **Need to order: _____**

___**StL County Unaltered Rabies Tags** # On hand: _____ **Need to order: _____**

***City* (**Just need a few on hand – most pet owners are from the County)

___**StL City Registration Forms #** On hand: _____ **Need to order: _____**

___**StL City Rabies Tags #** On hand: _____ **Need to order: _____**

Give Aways:

_____ Have Community Support Team collect and set aside donations for vaccine clinic about 1 month prior to clinic.

Supplies:

____**Collars** # On hand: _____ **Need to order: _____**

____**Leads** # On hand: _____ **Need to order: _____**

Other:

_____ **Flea/Tick Preventative: ONLY ORDER OTC FLEA PRODUCTS!**

Count in all flea/tick products before clinic, then subtract total left after clinic to get an accurate count of flea/tick distributed. **Attach sheet with flea/tick count to this document.**

Food and Treats:

Increase pet food collection efforts prior to clinic:

Check in with Purina Rep: Have pallet delivered to site of vaccine clinic.

_____lbs. of food IN

_____lbs. of food OUT

Volunteers:

____Email Volunteer Coordinator 1 month prior with volunteer request + descriptions

_____ Update Volunteer PowerPoint

_____ Schedule Volunteer Orientation: Date: _____

Determine if shifts are needed for the following tasks:

Greeters/Line Control (2) _____

Registration Tables (3) _____

Rabies Tags Tables (2) _____

Traffic Control (2) _____

ID Tag Machine (2) _____

Give-Aways (2) _____

Photographer (1) _____

Volunteer Tasks to coordinate prior to vaccine clinic:

____ Pet ID tag making

____ Stuffing envelopes

____ Appointment Reminder Calls (1 day prior to clinic)

Notes: _____

_____

_____

Supply Bins

_____ Go through and order/organize needed supplies