

Certificate of Rabies Vaccination

Owner's Name: Last		First	MI	Phone Number	
Street Address			City	State	Zip code
Species	Age	Sex:	Predominant Breed	Color/Markings	
Dog <input type="checkbox"/>	Months <input type="checkbox"/>	Neutered		_____	
Cat <input type="checkbox"/>	Years <input type="checkbox"/>	Male <input type="checkbox"/>	Animals Name	_____	
	Unknown <input type="checkbox"/>	Female <input type="checkbox"/>		_____	
Rabies tag number: _____ Microchip Number _____					
DATE VACCINATED	Product Name:		Veterinarians Name:		
_____	Nobivac 3- Rabies		Sheila L Doyle		
Month/Day/Year	Manufacturer: <u>Zoetis Inc.</u>		License #: <u>VT60108698</u>		
NEXT VACCINATION DUE BY	1 year USDA Licensed Vaccine		Veterinarian's Signature		
_____	Vaccine Serial (lot) number		Prevent Homeless Pets		
Month/Day/Year			1000 Irma Ln		
			Benton City WA 99320		
			(509) 497-1133		

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