

## Certificate of Rabies Vaccination



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

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