

RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Rabies Tag Number

Owner's Name and Address

Print - use ball point pen or type

PRINT - Last

First

M.I.

Telephone

No.

Street

City

State

Zip

Species:

Dog ☐Cat ☐Other: ☐
(Specify)

Sex:

Male ☐Female ☐Neutered ☐

Age:

3 mo to 12 mo ☐12 mo or older ☐

Actual Age _____

Size:

Under 20 lbs. ☐20 - 50 lbs. ☐Over 50 lbs. ☐

Actual _____ lbs.

Predominant Breed:

Name:

Colors:

DATE VACCINATED:

Month Day Year

VACCINATION EXPIRED:

Month Day Year

Producer:

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(First 3 letters)

☐ 1 yr. Lic./Vacc.☐ 3 yr. Lic./Vacc._____
Other_____
Vacc. Serial (lot) no.

Veterinarian's: #

(License No.)

(Signature)

Address: