Owner's Name	& Address		RABIES VACCINATION CER NASPHV FORM 51 (Revised Print Clearly				2590 MICR	<b>△ ⊕</b>
LAST Montoya		FIRST Teresa				M.I.		PHONE 526-7170
NO STRE 4364 Lost Lane				CITY Las Cruces		STATE NM	ZIP 88007	
SPECIES Dog 🗵 Cat 🗆 Other 🗅 (Specify)	SEX Male Female Neuter	AGE  G  M		SIZE Under 20 lbs 20 - 50 lbs Over 50 lbs		PREDOMINANT B Labrador Ret Mix NAME Blue	REED	D PREDOMINANT COLORS/MARKINGS Yellow
	Animal Control License							
DATE VACCINATED 10/24/2019  NEXT VACCINATION DUE BY: 10/24/2022		PRODUCT NAME				Veterinarian: Frances S. Bowling License No:		
		MANUFACTURER (First 3 Letters)  ☐ 1 yr USDA Licensed Vaccine ☐ 3 yr USDA Licensed Vaccine ☐ 4 yr USDA Licensed Vaccine ☐ Initial dose ☐ Booster dose  Vacc. Serial (Lot) No.			- 1	Veterinarian's Signature Address Jomada Veterinary Clinic 2399 Saturn Circle Las Cruces, NM 88012		