

Sample: Certificate of Rabies Vaccination

Certificate Issue Date: ____/____/____
mm dd yy

OWNER / CUSTODIAN IDENTIFICATION (please print):

Name:	Phone:
Address:	Email:

ANIMAL IDENTIFICATION:

Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	Age ____ years ____ months	<input type="checkbox"/> Microchip <input type="checkbox"/> Tatoo # _____
Animal Name:		Breed/Colour/Markings:	
Primary-Care Veterinarian (if known):			

VACCINE HISTORY (check one):

<input type="checkbox"/> First rabies vaccination for this animal
<input type="checkbox"/> Certificate presented: date of vaccination ____/____/____ mm dd yy
<input type="checkbox"/> Owner reported: date of vaccination ____/____/____ mm dd yy

VACCINE INFORMATION:

Name: Lot: <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years Serial No:	Date of vaccination: ____/____/____ mm dd yy Date of Revaccination: ____/____/____ mm dd yy	Vaccinate Administered By: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Auxiliary under supervision of veterinarian Rabies tag issued: #
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INFORMATION:

Location where animal was immunized (building, address, city):	
Veterinarian name (print): _____	
Signature: _____	Date: ____/____/____ mm dd yy