



AHA! Alliance for Humane Action
2020 Route 12, Unit A
Spring Grove, IL 60081
(847)-960-8689

Rabies Vaccination Certificate

Pet's Name: _____

Species: _____

Age: _____

Breed: _____ Color: _____

Sex: _____

Altered: Yes/ No

Owner: _____

Address: _____

Phone#: _____

Email Address: _____

Microchip #: _____

Vaccination Information

Date of Vaccination: _____

Tag #: _____

Date of next Vaccination: _____

County: _____

Manufacturer: _____

Serial #: _____

Lot Expiration: _____

Veterinarian signature: _____