



AHA! Clinic
 2020 Rt. 12 Spring Grove, IL
 UNIT A
 60081

RABIES CERTIFICATE

| | | | | | |
|---------------------------|--|-------------------------------------|--|--|--|
| | | | | | |
| OWNER NAME | | | | MICROCHIP # | |
| | | | | TELEPHONE # | |
| OWNER ADDRESS | | | | CITY | |
| | | | | STATE | |
| | | | | ZIP | |
| SPECIES | | AGE | | SIZE | |
| DOG | | MONTHS | | 0-20 LBS | |
| CAT | | <input checked="" type="checkbox"/> | | 20-50 LBS | |
| OTHER | | YEARS | | 50+ LBS | |
| COUNTY ANIMAL CONTROL TAG | | 1 YEAR | | 3 YEAR | |
| DATE VACCINATED | | MANUFACTURER FIRST 3 LETTERS | | BREED | |
| MONTH/ DAY / YEAR | | | | ANIMAL NAME | |
| NEXT VACCINATION DUE BY | | | | SEX | |
| | | | | MALE | |
| | | | | FEMALE | |
| | | | | NEUTERED <input checked="" type="checkbox"/> | |
| | | | | VETERINARIAN NAME DR. TIM TURNER | |
| MONTH/ DAY / YEAR | | 1 YEAR USDA LICENSED VACCINE | | SIGNATURE | |
| VACCINE SERIAL (LOT) # | | 3 YEAR USDA LICENSED VACCINE | | | |
| | | INITIAL DOSE | | | |
| | | BOOSTER DOSE | | LICENSE # 090-013551 | |

REGISTER YOUR PET AT YOUR LOCAL COUNTY ANIMAL CONTROL

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| Lake County 18736 W. Peterson Rd. Libertyville, IL 60048 Phone: (847)377-4700 | Mchenry County www.mchenrycounty.il.gov Phone: (815)459-6222 | Kenosha County Environmental.Health@kenoshacounty.org Phone: (262)605-6591 |
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