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ILLINOIS DEPARTMENT OF AGRICULTURE
Division of Meat, Poultry and Livestock Inspection
OFFICIAL REGISTRATION CERTIFICATE

Official Registration Data

PRIMARY

ALT

ANIMAL'S NAME

Canine Feline

Male Female

MICROCHIP

DATE OF BIRTH

NEUTER

PREVIOUSLY ALTERED

COLOR

BREED

Official Rabies Vaccination Record

VACCINATION

REVACCINATION DUE

MANUFACTURER BOEHRINGER INGELHEIM
Imrab

SERIAL NUMBER

REGISTRATION COUNTY

COUNTY TAG NUMBER

I certify that on the date indicated I have administered the described vaccination.



Timothy S. Turner, DVM
Alliance for Humane Action
2020 Route 12, Unit A, Spring Grove, IL 60081

Owner Copy

Animal Control Copy to be provided to your County Animal Control for registration purposes and to obtain your County's Rabies Tag

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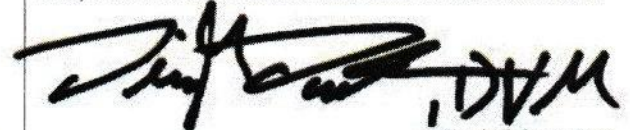
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