

RABIES VACCINATION CERTIFICATE NASPHV FORM 51				RABIES TAG NUMBER 005721	
Owner's Name				MICROCHIP NUMBER 9851410037924 49	
LAST BERTA	FIRST KELSEY	M.I.	TELEPHONE (973) 219-4080		
ADDRESS 440 SOUTH2ND WEST APT123		CITY REXBURG	STATE ID	ZIP 83440	
SPECIES <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (Specify)	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	AGE <input checked="" type="checkbox"/> Months 3 mo (s) <input type="checkbox"/> Years	SIZE <input checked="" type="checkbox"/> Under 20 lbs <input type="checkbox"/> 20 - 50 lbs <input type="checkbox"/> Over 50 lbs	PREDOMINANT BREED Corgi Mix	PREDOMINANT COLORS/MARKINGS Red
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other				NAME BRUCE	
DATE VACCINATED 12/10/2021		PRODUCT NAME		Veterinarian: REED HANSON License No: V-2069	
NEXT VACCINATION DUE BY: 12/10/2022		MANUFACTURER (First 3 Letters) <b>M E R</b>  <input checked="" type="checkbox"/> 1 yr USDA Licensed Vaccine <input type="checkbox"/> 3 yr USDA Licensed Vaccine <input type="checkbox"/> 4 yr USDA Licensed Vaccine <input checked="" type="checkbox"/> Initial dose <input type="checkbox"/> Booster Dose <b>521058</b> Vacc. Serial (Lot) No.		Veterinarian's Signature: <i>Reed Hanson</i> Address: Cedar Ridge Animal Hospital 1076 Erikson Dr. Rexburg, ID 83440	

