

RABIES VACCINATION CERTIFICATE

NASPHV Form 51

Rabies Tag Number

Owner's Name & Address

PRINT - use ballpoint pen or type

Last

First

M.I.

Telephone

No.

Street

City

State

Zip

SPECIES:

Dog

Cat

Other

Please specify

SEX:

Male

Female

Neutered

AGE:

3 mo. - 12 mo.

12 mo. or older

SIZE:

Under 20 lbs.

20 - 50 lbs.

Over 50 lbs.

PREDOMINANT BREED:

NAME:

COLORS:

DATE VACCINATED:

_____, _____
Month Day Year

VACCINATION EXPIRES:

_____, _____
Month Day Year

PRODUCER:

SQ

(First 3 letters)

1 yr. Lic. / Vaccine

3 yr. Lic. / Vaccine

Vaccine Serial (Lot) No.

VETERINARIAN:

Veterinarian's #: _____

License No. _____

Veterinarian's Signature

Address: _____