AGRICULTURE, LIVESTOCK AND FISHERIES

INSPECTORATE OF ECONOMIC AND TRANSPORT AFFAIRS (IETA)

MINISTRY OF TEATT

Cannegieter Street #15, 3rd Floor, Philipsburg, Sint Maarten

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MODEL RABIES CERTIFICATE

Reference No.: _____

ANIMAL OWNER INFORMATION (Please Print):

Name:	Phone:
Address:	Email:

ANIMAL DESCRIPTION:

Species	Breed	Color/Marking	Sex	Age	Microchip ID#/ Tattoo

CURRENT VACCINE INFORMATION:

Product Name:	Expiration date of Previous	IMPORTANT TO NOTE:		
Serial No:	Vaccination:			
Lot:		1. An animal that has received a Rabies vaccination for the first-time or is		
🗆 1- Year	(dd/mm/yyyy)	revaccinated after the due date of the next		
🗆 3- Year	Date of Current Vaccination	vaccination <u>MUST</u> undergo a twenty-one (21) day isolation period to guarantee full		
Product Expiration Date:	/	immunization.		
//	(dd/mm/yyyy)			
(dd/mm/yyyy)	Next Vaccination Due By:	2. The vaccination <u>MUST</u> be administered or under the supervision of a license		
	// (dd/mm/yyyy)	veterinarian.		

Veterinarian Name:	
License Number:	Signature, Stamp and Date Here
Clinic Address:	Signature, Stamp und Date Here
Email:	