



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: Serial No: Lot: <input type="checkbox"/> 1- Year <input type="checkbox"/> 3- Year Product Expiration Date: ____/____/____ (dd/mm/yyyy)	Expiration date of Previous Vaccination: ____/____/____ (dd/mm/yyyy) Date of Current Vaccination ____/____/____ (dd/mm/yyyy) Next Vaccination Due By: ____/____/____ (dd/mm/yyyy)	IMPORTANT TO NOTE: 1. An animal that has received a Rabies vaccination for the first-time or is revaccinated after the due date of the next vaccination <i>MUST</i> undergo a twenty-one (21) day isolation period to guarantee full immunization. 2. The vaccination <i>MUST</i> be administered by or under the supervision of a licensed veterinarian.
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Veterinarian Name: _____ License Number: _____ Clinic Address: _____ Email: _____	<p style="text-align: center;"><i>Signature, Stamp and Date Here</i></p>
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