

## RABIES VACCINATION CERTIFICATE

NASPHV FORM 51 (revised 2007)

Owner's Name & Address <span style="float: right;">Print Clearly</span> LAST                      FIRST                      M.I.			RABIES TAG #		
			MICROCHIP #		
			TELEPHONE #		
NO.		STREET	CITY	STATE	ZIP
SPECIES Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> _____ <small>(specify)</small>	AGE _____ Months <input type="checkbox"/> _____ Years <input type="checkbox"/> SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED _____ ANIMAL NAME _____ _____	PREDOMINANT COLORS/MARKINGS _____ _____ _____	
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____					
DATE VACCINATED _____ Month / Day / Year	Product Name: _____ Manufacturer: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (First 3 letters)		Veterinarian's Name: _____ _____ License Number: _____ _____ Veterinarian's Signature Address: _____ _____ _____		
NEXT VACCINATION DUE BY: _____ Month / Day / Year	<input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine  <input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose		Vaccine Serial (lot) Number _____		