

Rabies Vaccination Certificate

OWNER INFORMATION

Last Name _____

First Name _____

Address 1 _____

Address 2 _____

City (Circle One) Dallas Hiram Rockmart Temple

Other: _____

State/Zip (Circle One)

GA 30132 30157 30141 30153 30179 Other: _____

County _____

Home Phone _____

Work Phone _____

ANIMAL INFORMATION

Pet Name _____

Breed _____

Color 1 _____

Color 2 _____

Age Years _____ Months _____

Please Circle One	Please Circle One	Spayed/Neutered
Dog Cat	Male Female	Yes No

Please Select One		
Under 20 lbs	20-50 lbs	Over 50 lbs

VACCINE INFORMATION

Veterinarian's Name Dr.Lugar	Manufacturer Schering-Plough	Vaccine Name Rabdomun 1	Lot# 1165423	Exp Date 07/04/12
Clinic Name: New Ga Animal Hospital	-----Live----- CEO TC	-----Killed----- TC Murine Caprine Other Killed		
License Number: 4291	Other Live			

Given: 07/09/11	Due: 07/09/12	Rabies Tag#
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Veterinarian Signature: _____