



<b>RABIES VACCINATION CERTIFICATE</b>						<b>Canine</b>								
<i>Type or Print (use ball point pen)</i>				RABIES TAG NUMBER		<input type="checkbox"/> Distemper								
Owner's Name and Address						<input type="checkbox"/> Hepatitis (CAV-1)								
PRINT last		First		Middle Initial	Phone	<input type="checkbox"/> Adenovirus (CAV-2)								
No.		Street		City	Zip	<input type="checkbox"/> Leptospirosis								
SPECIES:		SEX:		AGE:		SIZE:		Predominant Breed		Colors:				
Dog <input type="checkbox"/>		Male <input type="checkbox"/>		3 mo-12 Mo <input type="checkbox"/>		Under 20 Lb <input type="checkbox"/>								
Cat <input type="checkbox"/>		Female <input type="checkbox"/>		12 Mo or older <input type="checkbox"/>		20-50 lb <input type="checkbox"/>								
		Neutered <input type="checkbox"/>				Over 50 lb <input type="checkbox"/>								
Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> Number:				Name:										
DATE VACCINATED		Producer: (first 3 letters)		Veterinarian's #:						These vaccines are not required for 4-H State Fair  				
____/____/20____ Month Day		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					_____ _____ Veterinarian's Signature:							
VACCINATION EXPIRES		ROUTE		Address:										
____/____/20____ Month Day		<input type="checkbox"/> M <input type="checkbox"/> 1 yr Lic/Vacc. <input type="checkbox"/> SQ <input type="checkbox"/> 3 yr Lic/Vacc.												
				_____ Vacc. Serial (lot) No.										

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Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.