

RABIES VACCINATION CERTIFICATE								
<i>Type or Print (use ball point pen)</i>			RABIES TAG NUMBER					
Owner's Name and Address:								
PRINT Last		First	Middle Initial	Phone				
No.	Street		City	Zip				
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"/>	Name:				
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:								
DATE VACCINATED		Producer: (first 3 letters)		Veterinarian's #:				
_____ 20_____ Month Day		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>					_____	
VACCINATION EXPIRES		ROUTE		Veterinarian's Signature:				
_____ 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.		_____				
_____				Address:				
Vacc. Serial (lot) No.								

- Canine**
- Distemper
 - Hepatitis (CAV-1)
 - Adenovirus (CAV-2)
 - Leptospirosis
 - Parainfluenza
 - Parvovirus
 - Coronavirus
 - _____
- These vaccines are not required for 4-H State Fair**



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 - Parvovirus
 - Coronavirus
 - Canine Rabies
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