

RABIES VACCINATION CERTIFICATE

NASPHV Form 51

Owner's Name & Address <small>Print – use ball point pen or type</small>					RABIES TAG NUMBER
PRINT LAST	F	IRST	MI.		
NO.	STREET	CIT	Y	ST	ATE
					ZIP

SPECIES:	SEX:	AGE:	SIZE:	PREDOMINANT BREED:	COLORS:
Dog	Male	3 Mo. To 12 Mo.	Under 20 lbs.	_____	_____
Cat	Female	12 Mo. Or older	20 – 50 lbs.	_____	_____
Other: (specify)	Neutered		Over 50 lbs.	Name: _____	

<p>DATE VACCINATED:</p> <p>_____, 20 ____</p> <p>Month Day</p> <p>VACCINATION EXPIRES:</p> <p>_____, 20 ____</p> <p>Month Day</p>	<p>PRODUCER</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>(First 3 letters)</p> <p>1 yr. Lic./Vacc.</p> <p>3 yr. Lic./Vacc.</p> <p>_____</p> <p>Vacc. Serial (lot) Number</p>				<p>Veterinarian's: # _____</p> <p style="text-align: right;">License No. _____</p> <p>_____ Signature</p> <p>_____ Address</p>