

Sample: Certificate of Rabies Immunization

(Include Clinic Name and Address or, for Rabies Programs, include additional sections)

OWNER / CUSTODIAN IDENTIFICATION (please print)	
Name:	Phone # (optional):
Address:	Email (optional):
ANIMAL IDENTIFICATION	
Animal Name:	
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: _____	Breed:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Age: _____ Colour: Markings: if any
<input type="checkbox"/> Microchip # _____	<input type="checkbox"/> Tattoo # _____
Other permanent means of identifying the animal, if any:	
Weight/Approximate Size:	
VACCINE INFORMATION	
Name:	<input type="checkbox"/> Primary immunization
Serial No:	<input type="checkbox"/> Booster immunization
Reimmunization interval specified in product monograph:	
Date of Reimmunization: _____ / _____ / _____ mm dd yyyy	Vaccine Administered by: <input type="checkbox"/> Veterinarian Rabies Tag Issued: # _____
Veterinarian Name (print):	
Veterinarian Contact Information:	
Signature: _____	Date: _____ / _____ / _____ mm dd yyyy

Additional Sections Required for Rabies Program Forms

VACCINE HISTORY (check one)	
<input type="checkbox"/> First rabies immunization for this animal	
<input type="checkbox"/> Certificate presented:	Date of immunization: _____ / _____ / _____ mm dd yyyy
<input type="checkbox"/> Owner Reported:	Date of immunization: _____ / _____ / _____ mm dd yyyy
ADDITIONAL INFORMATION	
Location where animal was immunized (building, address, city):	

Note: Please refer to *Legislative Overview Rabies* for details on using this document