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: | 🞎 Dog 🞎 Cat 🞎 Ferret 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Breed: | |  | | | |
| Sex: | 🞎 Male 🞎Neutered  🞎 Female 🞎 Spayed | | | | | | Age: | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | Colour: | |  | | | |
| Markings: if any | |  | | | |
| 🞎 Microchip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | 🞎 Tattoo #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Other permanent means of identifying the animal, if any: | | | | | | | |  | | | | | | | | | |
| Weight/Approximate Size: | | | | | | | |  | | | | | | | | | |
| VACCINE INFORMATION | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | 🞎 Primary immunization  🞎 Booster immunization | | | |
| Serial No: | | |  | | | | | | | | | | |
| Reimmunization interval specified in product monograph: | | | | | | | | | |  | | | | | | | |
| Date of Reimmunization: | | | | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy | | | | | | | Vaccine Administered by: | | | | | | 🞎 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) | | |
| 🞎 First rabies immunization for this animal | | |
| 🞎 Certificate presented: | Date of immunization: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  mm dd yyyy |
| 🞎 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