### New Jersey Department of Health

# RABIES VACCINATION CERTIFICATE

|  |  |  |
| --- | --- | --- |
| Owner’s Name-Last First MI | Telephone Number | Species[ ]  Dog [ ]  CatName:Predominant Breed:Colors:  |
| Address City State Zip Code |
| Sex[ ]  Male[ ]  Female | Neutered[ ]  Yes[ ]  No | Age[ ]  3 – 12 Months[ ]  12 Months or Older | Size[ ]  Under 20 Lbs. [ ]  Over 50 Lbs.[ ]  20 - 50 Lbs. |
| Producer |\_   \_|\_   \_|\_   \_| [ ]  1-Yr. Lic/Vacc. Vaccine  *(First 3 Letters)* [ ]  3-Yr. Lic/Vacc. Serial No.: |
| FOR LICENSING AGENCY USE | Date Vaccinated | Veterinarian’s Name | License No. |
| License Number Year |  |
|  |  |  |  |  |  |  | **/** |  | **/** |  |  |
|  |  |  |  |  | Month / Day / Year | Address |
|  |  |  |  |  | Rabies Tag No.: |  |  |
| Other: |  |  | Vaccination Expires |
| Control |  | [ ] Change[ ] Add |  | Signature |
| Number: |  |  | **/** |  | **/** |  |  |
|  | Month / Day / Year |

VPH-26 JUL 12 Distribution: Original to Owner Copy to Municipality