# RABIES VACCINATION CERTIFICATE

**Type or Print (use ball point pen)**

**RABIES TAG NUMBER**

Owner's Name and Address

<table>
<thead>
<tr>
<th>PRINT</th>
<th>last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>No.</td>
<td>Street</td>
<td>City</td>
<td>Zip</td>
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</tbody>
</table>

**SPECIES:**
- Dog
- Cat

**SEX:**
- Male
- Female
- Neutered

**AGE:**
- 3 mo–12 Mo
- 12 Mo or older

**SIZE:**
- Under 20 Lb
- 20–50 lb
- Over 50 lb

**Predominant Breed**

**Colors:**

**Name:**

**Microchip**

**Tattoo**

**Number:**

**DATE VACCINATED**

Month Day 20

**VACCINATION EXPIRES**

Month Day 20

**Producer:** (first 3 letters)

**ROUTE**
- M 1 yr Lic/Vacc.
- SQ 3 yr Lic/Vacc.

**Veterinarian's #:**

**Veterinarian's Signature:**

**Address:**

**Canine**
- Distemper
- Hepatitis (CAV-1)
- Adenovirus (CAV-2)
- Leptospirosis
- Parainfluenza
- Parvovirus
- Coronavirus

These vaccines are not required for 4-H State Fair
Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.