

RABIES VACCINATION CERTIFICATE

Type or Print (use ball point pen)

RABIES TAG NUMBER

Owner's Name & Address:

PRINT Last First Middle Initial Phone:

No. Street City Zip

SPECIES:	SEX:	AGE:	SIZE:	Predominant Breed:	Colors:
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	3 mo. - 12 mo. <input type="checkbox"/>	Under 20 lb. <input type="checkbox"/>	Name:	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo. or older <input type="checkbox"/>	20-50 lb. <input type="checkbox"/>		
	Neutered <input type="checkbox"/>		Over 50 lb. <input type="checkbox"/>		

Microchip Tattoo Number:

To be completed by Veterinarian or Clinic: ↓

DATE VACCINATED _____ 20 _____
 Month Day

Producer: _____
 (First 3 Letters)

Veterinarian or Clinic Identification:

VACCINATION EXPIRES:

ROUTE
 IM 1 yr. Lic./Vacc.
 SQ 3 yr. Lic./Vacc.

_____ 20 _____
 Month Day

Vacc. Serial (lot) No. _____

Canine

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

Vaccines listed in the shaded portion of this Certificate are not required for participation at the WA State 4-H Fair



Feline

- Panleukopenia
- Rhinotracheitis
- Calcivirus
- Chlamydia
- Feline Leukemia
- _____

WS4HF/1.30m

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