Push to Print Form

RABIES VACCINATION CERTIFICATE

NASPHV FORM 51 (revised 2007)

Push to Reset Form

RABIES TAG #

MICROCHIP #

Owner's Name & Address Print Clearly

LAST FIRST M.I.

TELEPHONE #

NO. STREET CITY STATE ZIP

SPECIES
Dog ☐
Cat ☐
Ferret ☐
Other: ☐ _____ (specify)

AGE
_____ Months ☐ Years ☐

SEX ☐ Male ☐ Female ☐ Neutered

SIZE
Under 20 lbs. ☐
20 - 50 lbs. ☐
Over 50 lbs. ☐

PREDOMINANT BREED

ANIMAL NAME

PREDOMINANT COLORS/MARKINGS

Animal Control License ☐ 1 Yr ☐ 3 Yr ☐ Other _____

DATE VACCINATED

_____
Month / Day / Year

NEXT VACCINATION DUE BY:

_____
Month / Day / Year

Product Name: _____

Manufacturer: (First 3 letters) ☐☐☐

☐ 1 Yr USDA Licensed Vaccine
☐ 3 Yr USDA Licensed Vaccine
☐ 4 Yr USDA Licensed Vaccine

☐ Initial dose ☐ Booster dose

_____
Vaccine Serial (lot) Number

Veterinarian's Name: _____

License Number: _____

_____
Veterinarian's Signature

Address: _____