

RABIES VACCINATION CERTIFICATE  
NASPHV FORM 51 (revised 2007)

|   |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| Owner's Name & Address <span style="float: right;">Print Clearly</span>   |  |  |  | RABIES TAG #   |  |  |  |  |  |  |
| LAST                      FIRST                      M.I.   |  |  |  | MICROCHIP #  |  |  |  |  |  |  |
| NO.                      STREET   |  |  |  | TELEPHONE #  |  |  |  |  |  |  |
| CITY  |  |  |  | STATE              ZIP   |  |  |  |  |  |  |
| SPECIES<br>Dog <input type="checkbox"/><br>Cat <input type="checkbox"/><br>Ferret <input type="checkbox"/><br>Other: <input type="checkbox"/> _____<br><small>(specify)</small> |  | AGE<br>Months <input type="checkbox"/><br>_____ Years <input type="checkbox"/><br>SEX <input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Neutered  |  | SIZE<br>Under 20 lbs. <input type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/> |  |  |  |  |  |  |
| Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____   |  | PREDOMINANT BREED<br>_____   |  | PREDOMINANT<br>COLORS/MARKINGS<br>_____<br>_____<br>_____  |  |  |  |  |  |  |
| <b>DATE VACCINATED</b><br>_____<br>Month / Day / Year   |  | Product Name: _____<br>Manufacturer: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table><br><small>(First 3 letters)</small><br><input type="checkbox"/> 1 Yr USDA Licensed Vaccine<br><input type="checkbox"/> 3 Yr USDA Licensed Vaccine<br><input type="checkbox"/> 4 Yr USDA Licensed Vaccine<br><br><input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose<br>Vaccine Serial (lot) Number _____ |  |  |  |  | ANIMAL NAME<br>_____<br>_____<br>_____ |  | Veterinarian's Name:<br>_____<br>License Number: _____<br><br>Veterinarian's Signature<br>Address: _____<br>_____<br>_____ |  |
|   |  |  |  |  |  |  |  |  |  |  |
| <b>NEXT VACCINATION<br/>DUE BY:</b><br>_____<br>Month / Day / Year  |  |  |  |  |  |  |  |  |  |  |