

RABIES VACCINATION CERTIFICATE
NASPHV FORM 51 (revised 2007)

Owner's Name & Address			Print Clearly		RABIES TAG #
LAST			FIRST	M.I.	MICROCHIP #
					TELEPHONE #
NO.		STREET		CITY	STATE ZIP
SPECIES Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> (specify) _____		AGE Months <input type="checkbox"/> Years <input type="checkbox"/>	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED ANIMAL NAME	
Animal Control License		<input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____			PREDOMINANT COLORS/MARKINGS
DATE VACCINATED Month / Day / Year		Product Name: Manufacturer: (First 3 letters) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Veterinarian's Name: License Number: _____ Veterinarian's Signature Address: _____	
NEXT VACCINATION DUE BY: Month / Day / Year		<input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input checked="" type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine <input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose Vaccine Serial (lot) Number _____			

*** SAMPLE ***

YOUR ANIMAL'S CERTIFICATE FROM YOUR
VETERINARIAN MAY APPEAR SLIGHTLY
DIFFERENT, HOWEVER, ***THIS FORM CONTAINS
ALL THE REQUIRED INFORMATION FOR A
VALID RABIES CERTIFICATE.***