

**New Jersey Department of Health
RABIES VACCINATION CERTIFICATE**

Owner's Name-Last		First	MI	Telephone Number		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Address		City NUTLEY		State NJ	Zip Code 07110	Name:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Age <input type="checkbox"/> 3 – 12 Months <input type="checkbox"/> 12 Months or Older		Size <input type="checkbox"/> Under 20 Lbs. <input type="checkbox"/> Over 50 Lbs. <input type="checkbox"/> 20 - 50 Lbs.		Predominant Breed:
Producer I M R <i>(First 3 Letters)</i>		<input type="checkbox"/> 1-Yr. Lic/Vacc. <input type="checkbox"/> 3-Yr. Lic/Vacc.		Vaccine Serial No.: 18527		Colors:
FOR LICENSING AGENCY USE		Date Vaccinated		Veterinarian's Name		License No.
License Number _____ Year _____		4 / 24 / 23 Month / Day / Year		DR. ROBERT RE		
Other: _____		Rabies Tag No.: _____		Address		
Control _____		Vaccination Expires		274 WASHINGTON AVENUE, NUTLEY, NJ 07110		
Number: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add		4 / 24 / 26 Month / Day / Year		Signature		

VPH-26 JUL 12

Distribution: Original to Owner Copy to Municipality