

**RABIES VACCINATION CERTIFICATE**  
**NASPHV FORM 51 (revised 2007)**

Owner's Name & Address <span style="float: right;">Print Clearly</span>			RABIES TAG #			
			MICROCHIP #			
LAST	FIRST	M.I.	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"/> SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered		SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/> PREDOMINANT BREED _____ PREDOMINANT COLORS/MARKINGS _____ _____ ANIMAL NAME _____ _____		
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____						
<b>DATE VACCINATED</b> _____ Month / Day / Year		Product Name: _____ Manufacturer: <input type="text"/> <input type="text"/> <input type="text"/> (First 3 letters) <input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input 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			Veterinarian's Name: _____ License Number: _____ Veterinarian's Signature Address: _____ _____ _____	
<b>NEXT VACCINATION DUE BY:</b> _____ Month / Day / Year						