

Please bring two(2) COMPLETED certificates (1page) for EACH animal to be vaccinated

- Print using a ball point pen
- On BOTH Certificates, complete: Owner's Name & Address, Telephone & Animal Information
- DO NOT fill out anything below 'Date Vaccinated'

<b>RABIES VACCINATION CERTIFICATE</b>						Tag fee \$: _____			
<i>ADAPTED NASPHV FORM 51</i>						Tag #: _____			
OWNER'S NAME & ADDRESS						Cert. Serial #: _____			
PRINT LAST		FIRST		MI	TELEPHONE				
NO.	STREET		CITY	STATE	ZIP				
<b>SPECIES:</b> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> (Specify)	<b>SEX:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input type="checkbox"/>	<b>AGE:</b> 3 Mo. to 12 Mo. <input type="checkbox"/> 12 Mo. or older <input type="checkbox"/>	<b>SIZE:</b> Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	<b>PREDOMINANT BREED:</b>  <b>NAME:</b>	<b>COLORS:</b>  _____ _____				
							<b>DATE VACCINATED:</b> Month    Day    Year	<b>PRODUCER:</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (First 3 Letters)	Veterinarian's License # <b>NJ5676</b>
							<b>VACCINATION EXPIRES:</b> Month    Day    Year		Veterinarian's <b>Andrea Antonelli, DVM</b> Signature _____
	1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. <input type="checkbox"/>  _____ Vacc. Serial (Lot) No.	Address <b>BOONTON HEALTH DEPT.</b> <b>100 WASHINGTON ST.</b> <b>BOONTON, NJ 07005</b>							

VAC0410001

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NO.	STREET		CITY	STATE	ZIP				
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