Please fill out the 'gray' boxes on BOTH certificates for the same pet; one page per pet.

New Jersey Department of Health

RABIES VACCINATION CERTIFICATE

Owner's Name-Last		First	MI	Telephone Number		Species	
						☐ Dog	g 🔲 Cat
Address		City		State	Zip Code	Name:	
Sex	Neutered	tered Age Size			Predominant Breed:		
☐ Male	☐ Yes	☐ 3 – 12 Months		☐ Under 20 Lbs. ☐ Over 50 Lbs.			
☐ Female	□ No	☐ 12 Months or Older	☐ 20 - 50 Lb	20 - 50 Lbs.		Colors:	
Producer							
1-Yr. Lic/Vacc. Vaccine (First 3 Letters) 3-Yr. Lic/Vacc. Serial No.:							
FOR LICENSING AGENCY USE		Date Vaccinated				Lico	nse No.
License Number		Date vaccinated	veterinarian s	Ivaille		Licei	ise No.
Electise Number	oi icai	1 1/1 1/1 1					
		Month / Day / Year	Address			<u> </u>	
		Rabies Tag No.:					
Other:		Vaccination Expires					
Control	Change		Signature				
Number:	Add	Month / Day / Year					
1		moral / Day / Tour					

VPH-26 JUL 12 Distribution: Original to Owner Copy to Municipality

Please fill out the 'gray' boxes on BOTH certificates for the same pet; one page per pet.

New Jersey Department of Health

RABIES VACCINATION CERTIFICATE

TOTALLO VICONIVITOR CERTIFICATE											
Owner's Name-Last		First	MI	Telephone Number	Species						
					☐ Dog ☐ Cat						
Address		City		State Zip Code	Name:						
Sex	Neutered	Age	Size	_	Predominant Breed:						
☐ Male	☐ Yes	☐ 3 – 12 Months	Under 20	_							
☐ Female	□ No	☐ 12 Months or Older	20 - 50 Lb	S.	Colors:						
Producer	Colors.										
FOR LICENSING AGENCY USE		Date Vaccinated	Veterinarian's	Name	License No.						
License Numb	er Year										
		///									
		Month / Day / Year	Address								
		Rabies Tag No.:									
Other:		Vaccination Expires									
Control	Change		Signature								
Number:	Add	Month / Day / Year									
		Month / Day / Year									

VPH-26 JUL 12 Distribution: Original to Owner Copy to Municipality