### New Jersey Department of Health

# RABIES VACCINATION CERTIFICATE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner’s Name-Last First MI | | | | | | | | | | | | | | | | | | | | | | | Telephone Number | Species  Dog  Cat  Name:    Predominant Breed:    Colors: | |
| Address City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | |
| Sex  Male  Female | | | | Neutered  Yes  No | | | | | | | Age  3 – 12 Months  12 Months or Older | | | | | | | | | | Size  Under 20 Lbs.  Over 50 Lbs.  20 - 50 Lbs. | | |
| Producer  |\_   \_|\_   \_|\_   \_|  1-Yr. Lic/Vacc. Vaccine  *(First 3 Letters)*  3-Yr. Lic/Vacc. Serial No.: | | | | | | | | | | | | | | | | | | | | | | | |
| FOR LICENSING AGENCY USE | | | | | | | | | | Date Vaccinated | | | | | | | | | | | | Veterinarian’s Name | | | License No. |
| License Number Year | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | |  | |  | |  |  | |  | **/** |  | | **/** |  | |  | | |
|  |  | | | |  | |  | |  | Month / Day / Year | | | | | | | | | | | | Address | | | |
|  |  | | | |  | |  | |  | Rabies Tag No.: | | | | |  | | |  | | | |
| Other: | |  | | | | | |  | | Vaccination Expires | | | | | | | | | | | |
| Control | | |  | | | Change  Add | | | |  | | | | | | | | | | | | Signature | | | |
| Number: | | |  | |  | **/** |  | | **/** |  | | |  | |
|  | | | | | | | | | | Month / Day / Year | | | | | | | | | | | |

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