Sample: Certificate of Rabies Immunization

(Include Clinic Name and Address or, for Rabies Programs, include additional sections)

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| OWNER / CUSTODIAN IDENTIFICATION (please print) |
| Name: |  | Phone # (optional): |  |
| Address: |  | Email (optional):  |  |
| ANIMAL IDENTIFICATION |
| Animal Name: |  |
| Species: |  🞎 Dog 🞎 Cat 🞎 Ferret 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Breed: |   |
| Sex: | 🞎 Male 🞎Neutered🞎 Female 🞎 Spayed | Age: | \_\_\_\_\_\_\_\_\_\_\_\_  | Colour: |  |
| Markings: if any |  |
| 🞎 Microchip #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Tattoo #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other permanent means of identifying the animal, if any: |  |
| Weight/Approximate Size: |  |
| VACCINE INFORMATION |
| Name:  |  | 🞎 Primary immunization🞎 Booster immunization |
| Serial No: |   |
| Reimmunization interval specified in product monograph: |  |
| Date of Reimmunization:  | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ mm dd yyyy | Vaccine Administered by: | 🞎 Veterinarian |
| Rabies Tag Issued: | #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Veterinarian Name (print): |  |
| Veterinarian Contact Information: |  |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ mm dd yyyy |

#### Additional Sections Required for Rabies Program Forms

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| VACCINE HISTORY (check one) |
| 🞎 First rabies immunization for this animal |
| 🞎 Certificate presented: | Date of immunization:  | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_mm dd yyyy |
| 🞎 Owner Reported: | Date of immunization: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_mm dd yyyy |
| ADDITIONAL INFORMATION |
| Location where animal was immunized (building, address, city): |  |

Note: Please refer to *Legislative Overview Rabies* for details on using this document