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

**Owner's Name & Address**
<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>M.I.</th>
<th>TELEPHONE #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NO.</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

**SPECIES**

- Dog □
- Cat □
- Ferret □
- Other: □ ____ (specify)

**AGE**

- Months □
- Years □

**SEX**

- Male □
- Female □
- Neutered □

**SIZE**

- Under 20 lbs. □
- 20 - 50 lbs. □
- Over 50 lbs. □

**PREDOMINENT BREED**

______

**PREDOMINANT COLORS/MARKINGS**

______

______

**ANIMAL NAME**

______

**DATE VACCINATED**

<table>
<thead>
<tr>
<th>Month / Day / Year</th>
</tr>
</thead>
</table>

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**Product Name:**

______

**Manufacturer:**

(First 3 letters) □ □ □

- □ 1 Yr USDA Licensed Vaccine
- □ 3 Yr USDA Licensed Vaccine
- □ 4 Yr USDA Licensed Vaccine

**NEXT VACCINATION DUE BY:**

<table>
<thead>
<tr>
<th>Month / Day / Year</th>
</tr>
</thead>
</table>

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**Veterinarian's Name:**

______

**License Number:**

______

**Veterinarian's Signature**

______

**Address:**

______

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**Vaccine Serial (lot) Number**

______