

RABIES VACCINATION CERTIFICATE					
<i>Type or Print (use ball point pen)</i>					RABIES TAG NUMBER
Owner's Name & Address:					
PRINT Last		First	Middle Initial	Phone:	
No.	Street		City	Zip	
SPECIES: Dog <input type="checkbox"/> Cat <input type="checkbox"/>		SEX: Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>		AGE: 3 mo. - 12 mo. <input type="checkbox"/> 12 mo. or older <input type="checkbox"/>	
		SIZE: Under 20 lb. <input type="checkbox"/> 20-50 lb. <input type="checkbox"/> Over 50 lb. <input type="checkbox"/>		Predominant Breed:	
Microchip <input type="checkbox"/>		Tattoo <input type="checkbox"/>		Number:	
		Name:		Colors:	
<i>To be completed by Veterinarian or Clinic: ↓</i>					
DATE VACCINATED		Producer:		Veterinarian or Clinic Identification:	
_____ 20 _____ Month Day		[ ][ ] [ ][ ] (First 3 Letters)			
VACCINATION EXPIRES:		ROUTE			
_____ 20 _____ Month Day		<input type="checkbox"/> IM <input type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> SQ <input type="checkbox"/> 3 yr. Lic./Vacc.			
		Vacc. Serial (lot) No.			

**Canine**

 Distemper  
 Hepatitis (CAV-1)  
 Adenovirus (CAV-2)  
 Leptospirosis  
 Parainfluenza  
 Parvovirus  
 Coronavirus  
 \_\_\_\_\_

*Vaccines listed in the shaded portion of this Certificate are **not required** for participation at the WA State 4-H Fair*

**Feline**

 Panleukopenia  
 Rhinotracheitis  
 Calicivirus  
 Chlamydia  
 Feline Leukemia  
 \_\_\_\_\_  
 WS4HF/1.30m

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