

**New Jersey Department of Health  
RABIES VACCINATION CERTIFICATE**

Owner's Name-Last		First	MI	Telephone Number		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Address		City		State	Zip Code	Name:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	Age <input type="checkbox"/> 3 - 12 Months <input type="checkbox"/> 12 Months or Older	Size <input type="checkbox"/> Under 20 Lbs. <input type="checkbox"/> Over 50 Lbs. <input type="checkbox"/> 20 - 50 Lbs.		Predominant Breed:	
Producer <u>  I  M  J  P  </u> <small>(First 3 Letters)</small>		<input type="checkbox"/> 1-Yr. Lic/Vacc. <input checked="" type="checkbox"/> 3-Yr. Lic/Vacc.	Vaccine Serial No.:		Colors:	
<b>FOR LICENSING AGENCY USE</b> License Number      Year		Date Vaccinated <u>  1  </u> / <u>  7  </u> / <u>  23  </u> Month / Day / Year	Veterinarian's Name		License No.	
Other: Control Number: _____		Rabies Tag No.: _____ Vaccination Expires <u>  1  </u> / <u>  7  </u> / <u>  26  </u> Month / Day / Year	Address		Signature	
VPH-26 JUL 12		Distribution: Original to Owner Copy to Municipality				

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