

CERTIFICATE OF RABIES VACCINATION AND DOG LICENSE

VETERINARIAN CLINIC:

VETERINARIAN NAME: _____
CITY TAG NUMBER: _____
VACCINATION TAG NO: _____ EXP: _____
VACCINATION DATE: _____

PET INFORMATION:

NAME: _____

BREED: _____

COLOR: _____

AGE: _____ YEAR OF BIRTH _____

MALE FEMALE
SPAY/NEUTER: YES NO
FENCED IN YARD YES NO
MICROCHIP: YES NO
ID # _____

OWNER INFORMATION:

NAME: _____

ADDR: _____

PHONE _____

CELL _____

EMAIL _____

SIGNATURE: _____

FEES:

BASIC FEE: \$25.00
SPAY/NEUTER -5.00
FENCED YARD -5.00
MICROCHIP ID#required -5.00

TOTAL FEE: \$ _____

DATE: _____

