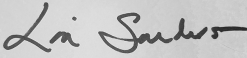


RABIES VACCINATION CERTIFICATE
NASPHV FORM 51 (revised 2007)

Owner's Name & Address Print Clearly		RABIES TAG #
LAST <u>Rose</u> FIRST <u>Denise</u> M.I.		MICROCHIP #
NO. <u>9290 Westchester</u> STREET		TELEPHONE # <u>9896404709</u>
CITY <u>Laingsburg</u> STATE <u>MI</u> ZIP <u>48848</u>		
SPECIES Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> (specify)	AGE <u>3</u> Months <input type="checkbox"/> Years <input checked="" type="checkbox"/> SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Neutered	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input checked="" type="checkbox"/>
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____		PREDOMINANT BREED <u>Plott Hound</u> PREDOMINANT COLORS/MARKINGS <u>tri</u> ANIMAL NAME <u>17-156 Wilma</u>
DATE VACCINATED <u>03/14/2017</u> Month / Day / Year	Product Name: <u>Rabvac 3</u> Manufacturer: <u>B O E</u> (First 3 letters) <input checked="" type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine <input checked="" type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose <u>4150429A</u> Vaccine Serial (lot) Number	Veterinarian's Name: <u>Lori Sanderson DVM</u> License Number: <u>6901011478</u>  Veterinarian's Signature Address: <u>11610 East Fulton Street</u> <u>Lowell MI 49331</u>
NEXT VACCINATION DUE BY: <u>03/14/2018</u> Month / Day / Year		