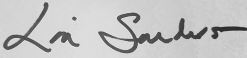


RABIES VACCINATION CERTIFICATE
 NASPHV FORM 51 (revised 2007)

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