



Steuben County Public Health

3 East Pulteney Square, Bath, NY 14810
 607-664-2438 or 1-800-724-0471
 Fax: 607-664-2166



RABIES VACCINATION CERTIFICATE

Owner's Name & Address (Print Clearly)			RABIES TAG #		
			MICROCHIP #		
LAST	FIRST	MI	TELEPHONE #		
NO.	STREET	CITY	STATE	ZIP	
SPECIES	AGE	SIZE	PREDOMINANT BREED	PREDOMINANT COLORS/MARKINGS	
Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other <input type="checkbox"/> Specify:	Mos <input type="checkbox"/> Yrs <input type="checkbox"/> <hr/> SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	Under 20 lbs <input type="checkbox"/> 20 – 50 lbs <input type="checkbox"/> Over 50 lbs <input type="checkbox"/>	ANIMAL NAME		
To Be Completed at Clinic by Staff:					
Animal Control License: <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other: _____					
DATE VACCINATED:	PRODUCT NAME:	Veterinarian's Name:			
_____	_____	_____			
Month / Day / Year	Manufacturer:	License Number: _____			
	(First 3 letters) _____	_____			
NEXT VACCINATION DUE BY:	<input type="checkbox"/> 1 Yr USDA Licensed Vac.	Veterinarian's Signature			
	<input type="checkbox"/> 3 Yr USDA Licensed Vac.	_____			
	<input type="checkbox"/> 4 Yr USDA Licensed Vac.	Address: _____			
_____	<input type="checkbox"/> Initial dose <input type="checkbox"/> Booster	_____			
Month / Day / Year	Vaccine Serial (Lot) #:	_____			
