

RABIES VACCINATION CERTIFICATE

Type or Print (use ball point pen)

RABIES TAG NUMBER

Owner's Name & Address:

PRINT Last First Middle Initial Phone:

No. Street City Zip

SPECIES:	SEX:	AGE:	SIZE:	Predominant Breed:	Colors:
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	3 mo. - 12 mo. <input type="checkbox"/>	Under 20 lb. <input type="checkbox"/>	Name:	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo. or older <input type="checkbox"/>	20-50 lb. <input type="checkbox"/>		
	Neutered <input type="checkbox"/>		Over 50 lb. <input type="checkbox"/>		

Microchip Tattoo Number:

To be completed by Veterinarian or Clinic: ↓

DATE VACCINATED	Producer:				Veterinarian or Clinic Identification:
_____ 20 ____					
Month Day	(First 3 Letters)				
VACCINATION EXPIRES:	ROUTE	<input type="checkbox"/> IM	<input type="checkbox"/> 1 yr.		
_____ 20 ____	Lic./Vacc.	<input type="checkbox"/> SQ	<input type="checkbox"/> 3 yr.		
Month Day	Lic./Vacc.				
	Vacc. Serial (lot) No. _____				

Canine

- Distemper
- Hepatitis (CAV-1)
- Adenovirus (CAV-2)
- Leptospirosis
- Parainfluenza
- Parvovirus
- Coronavirus
- _____

Vaccines listed in the shaded portion of this Certificate are not required for participation at the WA State 4-H Fair



Feline

- Panleukopenia
 - Rhinotracheitis
 - Calicivirus
 - Chlamydia
 - Feline Leukemia
 - _____
- WS4HF/1.30m

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Feline

- Panleukopenia

<p>_____ 20 ____ Month Day</p> <p>VACCINATION EXPIRES:</p> <p>_____ 20 ____ Month Day</p>	<p>(First 3 Letters)</p> <p>ROUTE</p> <p><input type="checkbox"/> IM <input type="checkbox"/> 1 yr.</p> <p>Lic./Vacc.</p> <p><input type="checkbox"/> SQ <input type="checkbox"/> 3 yr.</p> <p>Lic./Vacc.</p>		<p><input type="checkbox"/> Rhinotracheitis</p> <p><input type="checkbox"/> Calicivirus</p> <p><input type="checkbox"/> Chlamydia</p> <p><input type="checkbox"/> Feline Leukemia</p> <p><input type="checkbox"/> _____ WS4HF/1.30m</p>
	<p>_____</p> <p>Vacc. Serial (lot) No.</p>		