

**New Jersey Department of Health  
RABIES VACCINATION CERTIFICATE**

Owner's Name-Last		First	MI	Telephone Number		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat	
Address				City	State	Zip Code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No		Age <input type="checkbox"/> 3 - 12 Months <input type="checkbox"/> 12 Months or Older		Size <input type="checkbox"/> Under 20 Lbs. <input type="checkbox"/> Over 50 Lbs. <input type="checkbox"/> 20 - 50 Lbs.	
Producer  _ _ _ _  (First 3 Letters)				<input type="checkbox"/> 1-Yr. Lic/Vacc. <input type="checkbox"/> 3-Yr. Lic/Vacc.		Vaccine Serial No.:	
<b>FOR LICENSING AGENCY USE</b>		Date Vaccinated		Veterinarian's Name		License No.	
License Number    Year _____ _____		_ _  /  _ _  /  _ _  Month / Day / Year		Address			
Other: Control Number: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add		Rabies Tag No.: _____ Vaccination Expires  _ _  /  _ _  /  _ _  Month / Day / Year		Signature			

VPH-26 JUL 12

Distribution: Original to Owner    Copy to Municipality