

EXAMPLE

Certificate of Vaccination

Date Given: 1/1/21

Date Due: 1/1/22

VETERINARY CLINIC

Clinic Name

Address, City, State, ZIP

Contact Info

OWNER OF ANIMAL

Owner Name

Address, City, State, ZIP

Contact Info

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Pet Name

SPECIES: Species

SEX: Male or Female

COLOR & MARKINGS: Coloration

TAG NO; #####

WEIGHT: lbs

AGE: months/years

MICROCHIP: #####

Signed _____

Vet Name & License

Vaccinations done...

1/1/21 ABRV Rabies #YR, ##### 1/1/22

Rabies Vaccine Information...

MANUFACTURER:

LOT EXPIRATION:

SERIAL:

ADMIN: