

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:

Dog ☐Cat ☐

SEX:

Male ☐Female ☐Neutered ☐

AGE:

3 mo. - 12 mo. ☐12 mo. or older ☐

SIZE:

Under 20 lb. ☐20-50 lb. ☐Over 50 lb. ☐

Predominant Breed:

Colors:

Name:

Microchip ☐Tattoo ☐

Number:

*To be completed by Veterinarian or Clinic:↓***DATE VACCINATED**____ 20 ____
Month Day**VACCINATION EXPIRES:**____ 20 ____
Month Day

Producer:

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(First 3 Letters)

ROUTE☐ IM☐ 1 yr. Lic./Vacc.☐ SQ☐ 3 yr. Lic./Vacc.

Veterinarian or Clinic Identification:

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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