RABIES VACCINATION CERTIFICATE

(Read Privacy Act Statement on back before completing form.) (Print in ink or type.)

1. OWNER'S NAME *(Last, First, Middle Initial)*

2. TELEPHONE NUMBER *(Include Area Code)*

3. ADDRESS *(Number, Street, City, State, ZIP Code)*

4. ANIMAL'S NAME

5. SPECIES *(X)*
- ☐ DOG
- ☐ CAT

6. SEX *(X)*
- ☐ MALE
- ☐ FEMALE

7. AGE *(X)*
- ☐ 3 TO 12 MONTHS
- ☐ 12 MONTHS OR OLDER

8. SIZE *(X)*
- ☐ UNDER 20 LBS.
- ☐ 20 - 50 LBS.
- ☐ OVER 50 LBS.

9. PREDOMINANT BREED

10. COLOR(S)

11. VACCINE

a. PRODUCER *(First 3 letters)* ☐ ☐ ☐

b. TYPE *(X)*
- ☐ 1 YR. LIC./VACC
- ☐ 3 YR. LIC./VACC.
- ☐ OTHER

MODIFIED
- ☐ CEO
- ☐ CLO
- ☐ TCO

KILLED
- ☐ MURINE
- ☐ CAPRINE

12. FOR LICENSING AGENCY USE

a. LICENSE NUMBER	b. YEAR

c. OTHER
- ☐ CHANGE
- ☐ ADD

d. CONTROL NO.

13. DATE VACCINATED *(YYYYMMDD)*

14. RABIES TAG NUMBER

15. VACCINATION EXPIRES *(YYYYMMDD)*

16. VETERINARIAN

a. LICENSE NUMBER

b. SIGNATURE

c. ADDRESS

DD FORM 2208, JAN 2000 PREVIOUS EDITION MAY BE USED. USAPA V1.00