

VETERINARY HEALTH CERTIFICATE				
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)				
TYPE OR PRINT NAME OF OWNER (Last, First, MI)				
COMPLETE ADDRESS (Include Zip Code)				SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <input type="checkbox"/> 3 MO. TO 12 MO. <input type="checkbox"/> 12 MO. OR OLDER	SIZE <input type="checkbox"/> UNDER 20 LBS. <input type="checkbox"/> 20 - 50 LBS. <input type="checkbox"/> OVER 50 LBS.	PREDOMINANT BREED TAG NUMBER	COLOR(S)
NAME OF ANIMAL				
PRODUCER (First 3 letters)	RABIES IMMUNIZATION DATA		MODIFIED	KILLED
<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	<input type="checkbox"/> 1 YR. LIC./VACC. <input type="checkbox"/> 3 YR. LIC./VACC. <input type="checkbox"/> OTHER		<input type="checkbox"/> CEO <input type="checkbox"/> TCO <input type="checkbox"/> CLO	<input type="checkbox"/> MURINE <input type="checkbox"/> CAPRINE
<p>This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.</p>				
NAME, GRADE AND ORGANIZATION OF VETERINARIAN			SIGNATURE	DATE

DD FORM 2209
1 AUG 79

REPLACES DA FORM 4728, 1 SEP 78, WHICH WILL BE USED.