

**Monmouth County Regional Health Commission No. 1
RABIES VACCINATION CERTIFICATE
APPLICATION FORM**

Owner's Name & Mailing Address

PRINT LAST		FIRST	MI	TELEPHONE
NO	STREET	CITY	STATE	ZIP
SPECIES:	SEX (circle below):	AGE (circle below):	SIZE (circle below):	
Dog	Male	3-12 Mo.	Under 20 lbs	
Cat	Female	12 Mo & up	20- 50 lbs	
	Spay/Neutered		Over 50 lbs	
PREDOMINANT BREED:		COLORS:	NAME:	
Email address if you'd like certificate scanned and emailed to you:				
Has your pet had a Rabies Vaccination before? YES NO				

Owner is required to bring a completed Rabies Vaccination Certificate Application Form for EACH dog/cat to receive a vaccination.

RABIES VACCINATION CERTIFICATES WILL BE MAILED TO OWNERS

Dogs Must be on a leash (NO RETRACTABLE LEASHES)

Cats Must be one to a carrier

Only healthy dogs and cats that can be properly restrained by owner shall be vaccinated at this clinic.

ANIMAL MUST BE SUPERVISED BY AN ADULT AT ALL TIMES

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: 732-493-9520 PRIOR TO ATTENDING CLINIC.

Clinic may be cancelled or postponement without notice.

