

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 08/31/2016  
**Next Rabies Vaccination On:** 08/31/2017

## VETERINARY CLINIC

All Creatures Veterinary Hospital  
4549 Hwy. 62 W.  
Mountain Home, AR 72653  
870-425-5175

## OWNER OF ANIMAL

*Friends of Cherokee Animals*  
19 Matecumbe Dr.  
Cherokee Village AR 72529-7613  
County: Fulton

This is to certify...

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

## Patient information...

**PATIENT:** Swagger  
**SPECIES:** Canine  
**SEX:** M/N

**TAG NO:** 131967  
**WEIGHT:** 83.2  
**AGE:**

## Color and markings...

\_\_\_\_\_ Red \_\_\_\_\_

Signed \_\_\_\_\_  
*Rob Conner*

Rob Conner, DVM

License: 2007

## Vaccinations done...

Rabies 1 Year

