CERTIFICATE OF VACCINATION

| Date of Rabies Vaccination: 10-13-16 Next Rabies Vaccination On: 10-13-17 | Certificate No: 0 Previous Rabies Vaccination: |
|---|--|
| VETERINARY CLINIC All Creatures Veterinary Hospital 4549 Highway 62 West Mountain Home, AR 72653 870-425-5175 | OWNER OF ANIMAL Shirley Wilson P.O. Box 96 Glencoe, AR 72539 County: |
| This is to certify | |
| THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW. | |
| Patient information | |
| PATIENT: Fancy Pants SPECIES: Canine SEX: S | TAG NO: 133092 WEIGHT: 25.00 AGE: 18 weeks |
| Color and markings Light Brown | |
| Anne Gamtle Dum | |
| Signed. | |
| Anne Gambie, DVIVI License: | |
| Vaccinations done | |
| 10-13-16 AG Rabies Vaccination 1 year, #133092 10-13-17 | |
| Rabies Vaccine Information | |
| MFG BY: SER.NO: ADM: | |