RABIES VACCINATION CERTIFICATE

NASPHV FORM 51 (revised 2007)

Owner's Name & Address — Print Clearly

LAST: SAVE ONE SOUL — FIRST: JAMES JANIE — M.I.:

NO. — STREET: — CITY: WAKEFIELD — STATE: RI — ZIP: 02879

RABIES TAG #: 7883

MICROCHIP #:

TELEPHONE #:

SPECIES: DOG [X] CAT [ ] FERRET [ ] OTHER [ ] (specify)

AGE: 3 MONTHS [X] YEARS [ ]

SEX: MALE [X] FEMALE [ ] NEUTERED [X]

SIZE: Under 20 lbs. [ ] 20 – 50 lbs. [X] Over 50 lbs. [ ]

PREDOMINANT BREED: WALKER/COONHOUND

ANIMAL NAME: JASPER JANIE

PREDOMINANT COLORS/ MARKINGS: BLACK/TAN

ANIMAL CONTROL LICENSE [ ] 1 YR [ ] 3 YR [ ] OTHER

DATE VACCINATED: 11/9/18 (MONTH/DAY/YEAR)

PRODUCT NAME: IMRAB

MANUFACTURER: MER (FIRST 3 LETTERS)

1 YR USDA Licensed Vaccine
3 YR USDA Licensed Vaccine
4 YR USDA Licensed Vaccine
[ ] Initial Dose [ ] Booster Dose

NEXT VACCINATION DUE BY: 11/9/18 (MONTH/DAY/YEAR)

VACCINE SERIAL (LOT) NUMBER: 12631

VETERINARIAN'S NAME

LICENSE NUMBER: DVM 866

VETERINARIAN'S SIGNATURE: Stephen E. Morrone, DVM

ADDRESS: 58 Chester Main Road
North Stonington, CT 06359