

Rabies Vaccination Information Form

****Please Print Legibly****

Owner Information

Name: _____

Address: _____

City/Zip: _____

Telephone #: _____

Pet Information #1

Name: _____

Dog or Cat (circle one)

Breed: _____

Color(s) _____

Age: _____ years less than year _____ months

Sex: M or F Spayed or Neutered: Yes or No

Approx. weight (lbs.): _____

Pet Information #2

Name: _____

Dog or Cat (circle one)

Breed: _____

Color(s) _____

Age: _____ years less than year _____ months

Sex: M or F Spayed or Neutered: Yes or No

Approx. weight (lbs) _____

Pet Information #3

Name: _____

Dog or Cat (circle one)

Breed: _____

Color(s) _____

Age: _____ years less than year _____ months

Sex: M or F Spayed or Neutered: Yes or No

Approx. weight (lbs.): _____

Pet Information #4

Name: _____

Dog or Cat (circle one)

Breed: _____

Color(s) _____

Age: _____ years less than year _____ months

Sex: M or F Spayed or Neutered: Yes or No

Approx. weight (lbs.): _____

Pet Information #5

Name: _____

Dog or Cat (circle one)

Breed: _____

Color(s) _____

Age: _____ years less than year _____ months

Sex: M or F Spayed or Neutered: Yes or No

Approx. weight (lbs.): _____