

RABIES VACCINATION CERTIFICATE

ADAPTED NASPHV FORM 51

OWNER'S NAME AND ADDRESS					
PRINT NAME Columbia Gorge Cat Rescue			TELEPHONE 541 908-8999		
NO STREET 308 Klickitat St		CITY Lyle	STATE WA		ZIP 98635
SPECIES Dog <input type="checkbox"/> Cat <input checked="" type="checkbox"/> Other <input type="checkbox"/> (specify):	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input checked="" type="checkbox"/>	AGE 3 mo – 12 mo <input type="checkbox"/> 12 mo or older <input type="checkbox"/>	SIZE Under 20 lb <input checked="" type="checkbox"/> 20-50 lb <input type="checkbox"/> Over 50 lb <input type="checkbox"/>	PREDOMINANT BREED	COLORS
DATE VACCINATED _____ Month Day Year		PRODUCER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (first 3 letters)		Veterinarian's # _____ License No. _____	
VACCINATION EXPIRES _____ Month Day Year		1 yr Lic/Vac <input type="checkbox"/> 3 yr Lic/Vac <input type="checkbox"/> Vacc Serial (lot) No _____		Veterinarian's Signature _____ Address _____ _____	

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PRINT NAME Columbia Gorge Cat Rescue			TELEPHONE 541 908-8999		
NO STREET 1615 Taylor St		CITY Hood River	STATE OR		ZIP 97031
SPECIES Dog <input type="checkbox"/> Cat <input checked="" type="checkbox"/> Other <input type="checkbox"/> (specify):	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> Altered <input checked="" type="checkbox"/>	AGE 3 mo – 12 mo <input type="checkbox"/> 12 mo or older <input type="checkbox"/>	SIZE Under 20 lb <input checked="" type="checkbox"/> 20-50 lb <input type="checkbox"/> Over 50 lb <input type="checkbox"/>	PREDOMINANT BREED	COLORS
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