New Jersey Department of Health
RABIES VACCINATION CERTIFICATE

Owner's Name-Last	First	MI	Telephone Number	Species ☐ Dog ☐ Cat
Address	City	State	Zip Code	Name:
Sex ☐ Male ☐ Female	Neutered ☐ Yes ☐ No	Age ☐ 3 – 12 Months ☐ 12 Months or Older	Size ☐ Under 20 Lbs. ☐ Over 50 Lbs. ☐ 20 - 50 Lbs.	Predominant Breed:
Producer |____|____|____| *(First 3 Letters)*	☐ 1-Yr. Lic/Vacc. ☐ 3-Yr. Lic/Vacc.	Vaccine Serial No.:		Colors:

FOR LICENSING AGENCY USE License Number / Year	Date Vaccinated	Veterinarian's Name	License No.
Other:	Month / Day / Year	Address	
Control Number: ☐ Change ☐ Add	Rabies Tag No.: Vaccination Expires Month / Day / Year	Signature	

VPH-26 JUL 12 Distribution: Original to Owner Copy to Municipality