

VEH TAG:

LOT:

Fluvanna County Rabies Clinic

- *The Rabies vaccine is good for one year. If you have a rabies certificate that is not expired then it is good for 3 years. You must have the certificate with you the day of the clinic to get a 3 year vaccine.*
- *Please fill out the following and return prior to the clinic if possible*

Owner:

Driver's License #:

Address:

Phone Number:

| | <u>Name</u> | <u>Species</u> | <u>Sex</u> | <u>Breed</u> | <u>Color</u> | |
|----------|-------------|----------------|------------|--------------|--------------|--|
| <u>1</u> | | DOG CAT | M MN F FS | | | |
| <u>2</u> | | DOG CAT | M MN F FS | | | |
| <u>3</u> | | DOG CAT | M MN F FS | | | |
| <u>4</u> | | DOG CAT | M MN F FS | | | |
| <u>5</u> | | DOG CAT | M MN F FS | | | |
| <u>6</u> | | DOG CAT | M MN F FS | | | |
| <u>7</u> | | DOG CAT | M MN F FS | | | |
| <u>8</u> | | DOG CAT | M MN F FS | | | |

I certify that the animals listed belong to the owner above:

Signature: _____

****Once form is complete proceed to next parking lot****

NUMBER OF VACCINES GIVEN:

VET:

VEH TAG:

LOT:

| | <u>Name</u> | <u>Species</u> | <u>Sex</u> | <u>Breed</u> | <u>Color</u> | |
|-----------|-------------|----------------|------------|--------------|--------------|--|
| <u>9</u> | | DOG CAT | M MN F FS | | | |
| <u>10</u> | | DOG CAT | M MN F FS | | | |
| <u>11</u> | | DOG CAT | M MN F FS | | | |
| <u>12</u> | | DOG CAT | M MN F FS | | | |
| <u>13</u> | | DOG CAT | M MN F FS | | | |
| <u>14</u> | | DOG CAT | M MN F FS | | | |
| <u>15</u> | | DOG CAT | M MN F FS | | | |
| <u>16</u> | | DOG CAT | M MN F FS | | | |
| <u>17</u> | | DOG CAT | M MN F FS | | | |
| <u>18</u> | | DOG CAT | M MN F FS | | | |
| <u>19</u> | | DOG CAT | M MN F FS | | | |
| <u>20</u> | | DOG CAT | M MN F FS | | | |
| <u>21</u> | | DOG CAT | M MN F FS | | | |
| <u>22</u> | | DOG CAT | M MN F FS | | | |
| <u>23</u> | | DOG CAT | M MN F FS | | | |
| <u>24</u> | | DOG CAT | M MN F FS | | | |

NUMBER OF VACCINES GIVEN:

VET: