

## RABIES VACCINATION CERTIFICATE

ADAPTED NASPHV FORM 51

<b>OWNER'S NAME AND ADDRESS</b>					
PRINT NAME <b>Columbia Gorge Cat Rescue</b>			TELEPHONE <b>541 908-8999</b>		
NO STREET <b>1615 Taylor St</b>		CITY <b>Hood River</b>	STATE <b>OR</b>	ZIP <b>97031</b>	
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 # <u>4651 WA</u> 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 <u>520 W 15<sup>th</sup> St</u> <u>The Dalles, OR 97058</u>		

Updated 11-22-23

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