



Jersey Shore Regional Health Commission

628 Shrewsbury Avenue • Tinton Falls, NJ 07701

PHONE:(732) 493-9520

FAX (732) 493-9521

www.JSRHC.org

RABIES VACCINATION CERTIFICATE

OWNER'S NAME: _____		PHONE #: _____	
PRINT LAST	FIRST	M.I.	
		EMAIL: _____	
OWNER'S ADDRESS: _____			
NO.	STREET	MUNICIPALITY	STATE
ZIP CODE			
SPECIES: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (Specify): _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spade/Neutered	AGE: <input type="checkbox"/> 3 Mo – 12 Mo <input type="checkbox"/> 1 Year or Older	SIZE: <input type="checkbox"/> Under 20 lbs. <input type="checkbox"/> 20 – 50 lbs. <input type="checkbox"/> Over 50 lbs.
		PREDOMINANT BREED: _____ NAME: _____ _____	COLOR(S): _____ _____ _____
Has your pet had a Rabies Vaccination before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

- To be filled out by the Health Commission on the day of the Vaccination Clinic -		
DATE VACCINATED: / / MONTH DAY YEAR	PRODUCER: [] [] [] (First 3 Letters) <input type="checkbox"/> 1-year license for Vaccination <input type="checkbox"/> 3-year license for Vaccination _____ Vacc. Serial (Lot) No.	VETERINARIAN'S #: _____ License No. Veterinarian's Signature: _____ Address: _____
VACCINATION EXPIRES: / / MONTH DAY YEAR		

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Bring Rabies Vaccination Certificate Application Form Above

Owners are required to bring a COMPLETED Rabies Vaccination Certificate Application Form for EACH dog/cat to receive a vaccination.

RABIES VACCINATION CERTIFICATES WILL BE EMAILED TO OWNER unless requested otherwise during Rabies Clinic

DOGS: MUST be leashed, **NO RETRACTABLE LEASHES**
MUST be Muzzled, If Aggressive to Humans or other Animals
- MUZZLE WILL NOT BE PROVIDED ONSITE

CATS: MUST be stored in a carrier, **1 (ONE) CAT PER CARRIER**

Only healthy dogs and cats that are properly restrained by their owner shall be vaccinated at this clinic.

ANIMAL MUST BE SUPERVISED BY AN ADULT AT ALL TIMES
It is the owner's responsibility to clean up after any & all messes made by their pet

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT JERSEY SHORE REGIONAL HEALTH COMMISSION AT (732) 493-9520 PRIOR TO ATTENDING CLINIC.

Clinic(s) may be canceled or postponed without notice