

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 05-11-15  
**Date of Next Rabies Vaccination:** 05-10-17

**Certificate No:** 0  
**Previous Rabies Vaccination:** <oldtag>

**VETERINARY CLINIC**  
Blue Sky Animal Hospital  
26850 Kettle River Blvd.  
Wyoming, MN 55092  
651-462-7387

**OWNER OF ANIMAL**  
Steven Ralph  
25256 Kettle River Blvd.  
Forest Lake, MN 55025  
County:

This certifies...

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

**Patient information...**

**PATIENT:** Jack-Jokers JackPot  
**SPECIES:** Canine  
**SEX:** M

**TAG NO:** 60372  
**WEIGHT:** 49.00  
**AGE:** 7 years

**Color and markings...** White And Orange Tick

Signed \_\_\_\_\_

Andre K. Mormile, DVM

**License:** 14100

**Vaccinations done and next due date:**

05-11-15	AKM	Rabies 2- year	05-10-17
05-11-15	AKM	Oral Bordetella	05-10-16
01-08-14	JSJ	Lyme Plus DHLPP Annual	
06-19-12	JSJ	Injectable Bordetella	
06-19-12	JSJ	Lyme Vaccination Annual	01-08-15
06-19-12	JSJ	DHLPP Annual	01-18-15
04-30-09	XXX	Bordetella (Kennel Cough)	
05-01-08	***	DHLPP-CV	
08-30-07	***	Rabies 1 year	

**Rabies Vaccine Information...**

**MFG BY:** PFIZE **SER.NO:** S414182B  
**LOT EXP:** 06/21/16 **ADM:** SQ

