

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 04-11-14  
**Date of Next Rabies Vaccination:** 04-10-16

**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:** Sophia  
**SPECIES:** Canine  
**SEX:** S

**TAG NO:** 50179  
**WEIGHT:** 5.10  
**AGE:** 7 years

**Color and markings...** Black and Tan

Signed \_\_\_\_\_

Rachel Gierke, DVM

License: \_\_\_\_\_

**Vaccinations done and next due date:**

04-11-14	RG	Rabies 2- year	04-10-16
04-11-14	RG	DHPPCV ANNUAL	04-11-15
07-02-09	DRJ	DHLPP Annual	
07-04-07	***	Rabies 1 year	

**Rabies Vaccine Information...**

**MFG BY:** PFIZE **SER.NO:** S307861B  
**LOT EXP:** 02/03/15 **ADM:** SQ

