

PLEASE BRING COMPLETED FORM TO RABIES CLINIC

PLEASE NOTE: YOU PET MUST BE AT LEAST 3 MONTHS OLD!

PRINT LAST NAME: _____

PRINT FIRST NAME: _____

(UNLISTED) PHONE: _____

PRINT ADDRESS: _____

TOWN WHERE YOU RESIDE: _____ ZIP: _____

SPECIES: DOG _____ CAT _____ OTHER _____

SEX: MALE _____ FEMALE _____ NEUTERED _____

AGE: 3 MO – 12 MO _____ OVER 12 MO _____

WEIGHT: _____

CAT

_____ DOMESTIC SHORT HAIR (DSH)

_____ DOMESTIC LONG HAIR (DLH)

OTHER (SPECIFY): _____

DOG

BREED: MIXED-PREDOMINANT _____

PET NAME: _____

PET COLOR _____