



Accepted PDF File Types for Rabies Vaccination Records



RABIES VACCINATION CERTIFICATE

Owner's Name & Address		RABIES TAG # N/A	
Address:		MICROCHIP #	
Animal Name: Tank		TELEPHONE #	
Species: Canine	Age: 2 Yrs. 11 Mos. Sex: Male	City, State Maricopa, AZ	Zip: 85138
DATE VACCINATED: 6/9/2023		Weight: 22.4 pounds	Predominant Breed: Poodle Mix
NEXT VACCINATION DUE BY: 6/9/2026		Markings:	
Product Name: Rabies Vaccine		Veterinarian's Name:	
Manufacturer: Zoetis		[Redacted Signature]	
Vaccine Serial (Lot) No 628331A		[Handwritten Signature]	
		Veterinarian's Signature	
		Address: Exceptional Pets Maricopa	
		[Redacted Address]	



RABIES CERTIFICATE

Patient and Owner Information

Patient: [Redacted]
 Breed: American Pit Bull Terrier (canine)
 Sex: Male (intact)
 Color: Black - White
 Age: 6 Months 3 Weeks
 Birthdate: Apr 17, 2019
 Weight: 53.7 lbs
 Chip:

Owner:
 Address: [Redacted]
 Phone: [Redacted]
 Email: [Redacted]

Rabies Information

Tag Number: [Redacted]
 Product: Rabies Vaccine 1 Year
 Date Given: Sep 14, 2019
 Date Due: Sep 14, 2020
 Lot: 22095; MER; Expires Jan 23, 2021

Veterinarian Information

Signature:

Name: [Redacted]
 License: [Redacted]
 Date: Nov 13, 2019



Tassajara Veterinary Clinic

Rabies Certificate

Client ID: 5918

Client Name:

Address:

San Ramon, CA 94582

Phone:

Patient ID: 23782

Patient Name: Oliver

Species: Canine

Breed: Shepherd, Australian

Sex: Neutered Male

Color: Red Merle

Markings:

Birthday: 01/08/2016

Weight: 76.20 pounds on 10/5/2022

Microchip ID:

Tag Number: 0

Lot Number: 18567

Imrab 3TF

Producer: Merial

K / MLV / R: Killed Virus

Vaccination Date: 5/31/2023

Expiration Date: 5/31/2026

Staff Name:

License Number:

CERTIFICATE OF VACCINATION

License: License: [REDACTED]
Date of Licensing: 01-02-20

VETERINARY CLINIC

OWNER OF ANIMAL

County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.
Patient information...

PATIENT: [REDACTED]

SPECIES: Canine

SEX: N

MICROCHIP:

TAG NO: [REDACTED]

WEIGHT: 21.00

AGE: 4 years

MFG By: MERCK SER.NO: 338150B ADM: <vacc-adm> LOT EXP: 18Aug20

Signed: [REDACTED]

License:

Vaccinations Done:

12-27-19

EM
Bordatella(Kennel cough)
12-26-20

12-27-19

EM
K9 Influenza Vaccine Annual
12-26-20

12-27-19

EM
Rabies Canine, 3 yr. K-9 vacc
12-26-22

12-27-19

EM
License Coll. Co. Altd 3 yr, #024693-19

01-30-19

Leptospirosis annual

02-05-18

DHPP 3 yr Vaccine
02-04-21



TENDER HEARTS ANIMAL HOSPITAL



RABIES CERTIFICATE

Patient and Owner Information

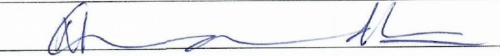


Patient: [REDACTED] **Owner:** [REDACTED]
Breed: Domestic Longhair (DLH) (feline) **Address:** [REDACTED]
Sex: Male (neutered) **Phone:** [REDACTED]
Color: Orange and White **Email:** [REDACTED]
Age: 1 Year 9 Months
Birthdate: Jun 27, 2018 (est.)
Weight: 10.6 lbs
Chip: [REDACTED]

Rabies Information

Tag Number: [REDACTED]
Product: Rabies Vaccine FELINE 1 Year
Date Given: Mar 30, 2020
Date Due: Mar 30, 2021
Lot: 393840; Merck Animal Health (Nobivac); Expires Jan 26, 2021

Veterinarian Information

Signature: 
Name: [REDACTED]
License: [REDACTED]
Date: Mar 30, 2020

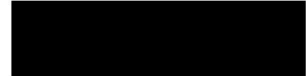
CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 01-05-24
Next Rabies Vaccination On: 01-04-27

Certificate No.
Previous Rabies Vaccination:

VETERINARY CLINIC
Montecito Pet Hospital

OWNER OF ANIMAL



This is to certify...
THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES.

Patient information...

PATIENT: Thor
SPECIES: Canine
SEX: Neutered Male
WEIGHT: 34.90
MICROCHIP:

TAG NO: 866757
BREED: French Bulldog
AGE: 4Y
COLOR: Brindle

MFG BY: BI SER.NO: 18584A LOT EXP: 08MAR25 ADM: SQ

Signed _____



Other Vaccinations...

05-16-24 Senior Profile
05-15-24 Bordetella SQ Ann w/ Bord Inj
05-16-24 4DX Tick Screen - in house
01-04-27 Rabies Vacc 3 Years- Canine
01-04-25 Annual Wellness Exam



Concierge Veterinary Hospital Of Naples

Rabies Certificate
22-Jun 2020

Client ID: 5456	Patient ID: [REDACTED]
Client Name: [REDACTED]	Patient Name: [REDACTED]
Address: [REDACTED]	Species: Canine (Dog)
[REDACTED]	Breed: English Bulldog
[REDACTED]	Sex: Male Y
Phone: [REDACTED]	Color: White & Brown
	Birthday: 2018-04-03
	Weight: 53 lb

Batch Number:	18409	Vaccination Date:	28-Jun 2019
Rabies Vaccination	Inrab	Vaccination Due Date:	28-Jun 2022
Manufacturer:	Boehringer Ingelheim Vet	Vaccination Expiration Date:	06-Dec 2020
K / MLV / R:	KILLED		

Veterinarian: [REDACTED]

License Number: [REDACTED]

MULLER VETERINARY HOSPITAL

Client : [REDACTED]
Concord, CA 94518

Phone : () -

Patient : Olive	Acct No. : 10161 E
Species : Canine	Breed : Pomeranian Mix
Sex : FS	Color :
Microchip [REDACTED]	
DOB : 04/26/2022	

RABIES VACCINATION INFORMATION

Rabies	Imrab 3 TF	Tag No.	[REDACTED]
Date Vaccinated	08/14/2023	Expires	08/13/2026
Serial No.	18574	Producer	Boehringer Ingelheim
Vaccine Type	Killed		

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.

To license your pet with Contra Costa County Animal Services, please go to https://ccas.docupet.com/en_US/licensing



**COUNTY ANIMAL LICENSE TAG
AND CERTIFICATE OF RABIES VACCINATION 2021**

Tag #: [REDACTED]

Date Sold: 3/1/21
Amount Collected: \$ 7.00

\$11 Altered \$7 Senior Altered \$30 Unaltered \$12 Senior Unaltered \$12 Juvenile
 \$6 Duplicate Tag-Original Tag # _____ \$7 Over \$135 In Licenses per Year

DOG CAT SEX: Male Female ALTERED: Yes No

Predominant Breed: LAB X		Name: [REDACTED]		Age: 5 YEARS	
Weight: 58 lb. 4 oz.		Color/Markings: BLACK		Microchip Number:	
OWNER'S Last Name [REDACTED]		First Name [REDACTED]		MI [REDACTED]	
TELEPHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell		[REDACTED]			
Street Address [REDACTED]		Apt./Lot No. [REDACTED]		[REDACTED]	
City [REDACTED]		State [REDACTED]		Zip Code [REDACTED]	
D.O.B. for Senior Rate > 60 1954		[REDACTED]			
Date Vaccinated: 3/1/21	Manufacturer: (First 3 letters) Z O E	<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc.		Veterinary Hospital [REDACTED]	
Vaccination Expires: 3/1/22	Lot No: 407672	Lot Expiration Date: 8/10/21	Veterinarian Name: [REDACTED]		State License No. [REDACTED]
<input type="checkbox"/> OTHER Vaccination Location:		Signature: <i>VETERINARIAN COPY</i>			

Authorized Processor: AR Process

Rabies Vaccination Certificate
Based on NASPHV form 50

Owner's Name & Address					
Last [REDACTED]		First [REDACTED]		Telephone [REDACTED]	
No. & Street [REDACTED]			City Diamond Bar	State CA	Zip 91765
Species Canine	Sex Fem	Age 17 weeks	Weight 29.5 Lbs	Breed Labrador Retriever	Colors Chocolate
Name: Bella			Chip [REDACTED]		
Producer: Merial		Duration: 1 Year		18408 / 31 Oct 20	
For Licensing Agency Use License No. _____		Date Vaccinated: Apr 5, 2019		Vacc. Serial (lot) No. [REDACTED]	
_____ 20		Rabies Tag #: [REDACTED]		[REDACTED]	
_____ 20		Vaccine due again: Apr 4, 2020		Animal Hospital of Walnut [REDACTED]	
Other Change <input type="checkbox"/> Add <input type="checkbox"/>		Control: [REDACTED]			



VCA All Our Pets Animal Hospital



RABIES VACCINATION CERTIFICATE FOR LOS ANGELES, CALIFORNIA

DATE VACCINATED 03/12/2022	VACCINATION EXPIRES 03/11/2025	RABIES TAG NUMBER [REDACTED]
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Manufacturer : Merial
Serial Number: 18266
Type : Killed Virus

NAME: [REDACTED]
La Verne, CA 91750

PET: Reign
TELEPHONE: [REDACTED]

SPECIES	SEX	AGE	WEIGHT
Canine	MN	09/05/2020	0 lbs.

BREED	COLOR
German Shepherd	Brown/Black

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.

Baldy View Animal Hospital



Signature of licensed veterinarian administering vaccine.



RABIES VACCINATION CERTIFICATE

Pet's Name: Gilly

Owner: [REDACTED]

Species: Canine

Sacramento, CA 95816

Breed: Terrier, West Highland White

Sex: Female (Spayed)

Birthdate: 06/13/2011

Color: White

Weight: 16 lb 9 oz

Vaccination information

Date of vaccination: 5/4/2022

Manufacturer: Zoetis Defensor 3

Duration: 3 years

Serial Number: 518811

Date Due: 5/4/2025

Lot Expiration: 12/13/2022

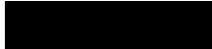
Microchip Number: [REDACTED]

Tag Number: [REDACTED]

Vaccinated at VCA All Our Pets Animal Hospital



License Number:




*** **RABIES CERTIFICATE** ***

Owner: 

Reno, NV 89521

Patient: Scooby
Species: Canine
Breed: Jack Russell Terrier
Color: White w/ brown spots
DOB: 09/29/2008
Sex: MN
Weight: 17.4 lbs.
Microchip:

Date Given: 04/17/2023
Duration: 3 Year
Due Date: 04/16/2028
Tag Number: 
Serial No.: 18175B
Vaccine Type: Killed
Vac. Name: Imrab
Producer: Merial

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.

Signature: 

Relief Vet 

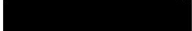



Alta Rancho
PET & BIRD HOSPITAL

Reid Shufcr, DVM & Kathy Henderson, DVM



CERTIFICATE OF RABIES VACCINATION

Client:  Pet: Koda Species: Canine
Address:  Age: 2Y Sex: S Breed: Queensland Blue Heeler Mix
Alta Loma, CA 91701 Color: Black & White Microchip:

Vaccine Information: Rabies-Canine 3 year Vax.

Manufacturer: MERIA Lot: 12671 Type: KV Expiration: 06OCT23

I hereby certify that on this date: 08-15-22, I have properly immunized this pet against Rabies Virus.

Signed: 

City/County Copy!



Nevada Humane Society



Animal Summary / Rabies Certificate

Bear (22-1364)

Species	Dog	Visit Date	6/1/2022
Sex	Male	Animal Type	Owned
Age	4 Years, 3.0 Months	Microchip Number	---
Breed	German Shepherd Dog	Spayed/Neutered	
Color	Black / Brown	Weight	80.00 lbs

Rabies Vaccine

Producer	IMRAB	Date Vaccinated	6/1/2022
Type	One Year	Expires	6/1/2023
Vaccine Lot Number	18535 (expires 11/17/2023)	Veterinarian	
Tag Number		Signature	

All Products / Services

Date	Description
6/1/2022	Rabies 1 year vaccine [9093]

This is not an invoice.



Vaccination Certificate

Client ID:	1790	Patient ID:	2927
Client Name:		Patient Name:	Ponch
Address:		Species:	Canine
Phone:		Breed:	Miniature Pinscher/Chihuahua (Mixed)
		Sex:	MN
		Color:	black, tan
		DOB:	5/23/2018 (4 years 3 months)
		Weight:	0 LBS
		Chip #:	

Rabies Vaccine

Tag Number:		Tag Issue Period:	Three Year
Tag Issue Date:	9/5/2022	Tag Expiration Date	9/5/2025
Serial Number:	#62908	Vaccination:	Rabies 3yr
Vaccination Date:	9/5/2022	Vaccine Expiration Date:	9/5/2025
Vaccine Type:	Killed		
Manufacturer:	Zoetis		
Veterinarian Name (License Number):			

Ponch Serna's Reminders

Description	Date Due
Rabies 3yr	9/5/2025
Da2pp Booster	9/5/2025



RABIES VACCINATION CERTIFICATE

A LEGAL DOCUMENT ISSUED 07-14-23 BY CASA GRANDE ANIMAL HOSPITAL

Patient Name: Frankie

Species: Canine

Breed: Yorkshire Terrier

Color: Tan

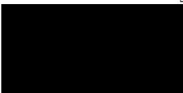
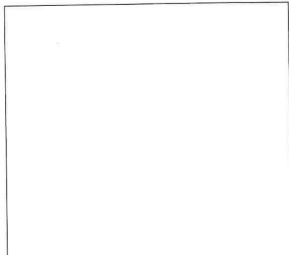
Sex: N

Date of birth: ~01-01-10

Weight: 22.00 lbs

Microchip#:

Owner Information:



Date of Vaccination: 07-14-23

Expiration Date: 07-13-24

Rabies Vaccine Information- MFG: IMRAB Lot #: 18571 Vaccine Exp: 03NOV24

Casa Grande Animal Hospital

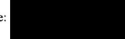


Veterinarian:



License Number:

Doctor's Signature:



Ironwood Animal Hospital



Certificate Of Rabies Vaccination

VETERINARY CLINIC

Ironwood Animal Hospital



OWNER OF ANIMAL



San Tan Valley AZ 85143

THIS IS TO CERTIFY, . . . THAT Ironwood Animal Hospital HAS VACCINATED AGAINST RABIES FOR THE ANIMAL DESCRIBED BELOW.

PATIENT: Winslow

SPECIES: Canine (Dog)

BREED: Rottweiler Mix

COLOR:

SEX: Male Neutered

WEIGHT: 39 kgs

AGE: 1 year 3 months 5 days

Date of Rabies Vaccination: 07-31-2023

Next Rabies Vaccination On: 07-30-2026

Rabies Vaccine Information. . .

MFG BY: Zoetis Animal Health

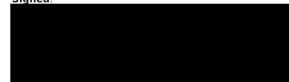
Product Name: Vanguard 3 - Rabies Vaccine - Killed Virus

Lot Expiration: EXP28MAY24

Ser. NO: 643792

ADM: SQ

Signed:



Date: 07-31-2023

License Number:



RABIES VACCINATION CERTIFICATE FOR LOS ANGELES COUNTY, CALIFORNIA

OWNER: [Redacted]

Date Vaccinated: 03/27/2023
Vaccine Expires: 03/26/2026
Lot Number: 18552
Type of Vaccine: IMRAB 3 TF
Rabies Tag #: [Redacted]

MICROCHIP # None



PET: REMI
SPECIES: Canine
BREED: Yorkshire Terrier
COLOR: Black/Brown
Weight: 6 lbs 2 ozs

SEX: MN
DOB: Dec 07, 2021
AGE: 1 year and 3 months old
Neutered Date: 03/27/2023

I hereby certify that this animal has been vaccinated in accordance with the company's recommendation for the vaccine used on the above date.

Covina Animal Hospital

[Redacted]

Signature of Licensed Veterinarian

[Redacted]



Rabies Vaccination Certificate

Today's Date: Wednesday, August 16, 2023

Pet Owner: [Redacted]
Address: [Redacted] Pinal County
San Tan Valley, AZ 85142

Owner Number: 16953
Phone: [Redacted]
Email: [Redacted]

Patient Name: "Belle" Mears
Species: CANINE
Breed: CHIHUAHUA MIX
Color: Tan
Microchip #:

Patient Number: 27435
DOB/Age: 1/1/2011 (12 years 7 months)
Sex: FS
Weight: 21 LBS

Rabies Vaccination Information

Vaccination:	Canine Rabies Vaccine (3-Year)
Manufacturer:	
Serial Number:	662609
Vaccine Type:	Killed
Vaccination Date:	8/16/2023
Vaccine Expiration Date:	8/16/2026
Administered By Veterinarian:	[Redacted]
AZ License Number:	[Redacted]
DVM Signature:	[Redacted]




Briargate
Boulevard
Animal Hospital
3455 Briargate Blvd. #100
Colorado Springs, CO 80920
United States
(719) 528-5557

Rabies Certificate

Client Name:	[REDACTED]	Patient Name:	Beau
Address:	Colorado Springs, CO 80920	Species:	Canine
Phone:	(719) 650-6318	Breed:	Staffordshire Bull Terrier
Microchip:	[REDACTED]	Sex:	MN
Rabies Tag:	[REDACTED]	Color:	Tan and White
		Birthday:	2/22/2017 (6 years 8 months)
		Weight:	81.8 LBS

Vaccination Date:	11/14/2023	Vaccination Due:	11/14/2026
Serial Number:	699341	Lot Expiration:	10/8/2024
Manufacturer:	Zoetis	Veterinarian Name:	[REDACTED]
Product Name / Dosage Type:	Rabies Vaccination - Canine 3 year / Booster	License Number:	[REDACTED]
Vaccine Type:	Killed	DVM Signature:	[REDACTED]

RABIES VACCINATION CERTIFICATE					
Animal Control/Local Government License [REDACTED]			Certificate Serial Number 4144 - 10142		
Owner's Name & Address Last [REDACTED] First [REDACTED]		M.I.	Telephone [REDACTED]		
No. Street [REDACTED]		City [REDACTED]	State CA	Zip 94520	
SPECIES: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (Specify)	SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Neutered / Spayed	AGE: <input type="checkbox"/> 3 Mo. -12 Mo. <input checked="" type="checkbox"/> 12 Mo. +	SIZE/WEIGHT: <input type="checkbox"/> Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input checked="" type="checkbox"/> Over 50 lb	PREDOMINANT BREED: Labrador Retriever	COLORS: Black
				NAME: Bowman	
Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> Number					
DATE VACCINATED: 5 16 , 2023 Month Day		MANUFACTURER: M E R (First 3 letters)		Veterinarian's # [REDACTED]	
VACCINATION EXPIRES: 5 16 , 2026 Month Day		Route IM <input type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> IN <input type="checkbox"/> 2 yr. Lic./Vacc. <input type="checkbox"/> SQ <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. <input checked="" type="checkbox"/>		[REDACTED]	
643796 (Lot No.) Vacc. Serial (Lot) No.					
All Vaccinations Given 05/16/2023 Rabies (Canine)					



Monument Boulevard Animal Hospital

Monument Boulevard Animal Hospital
1410 Monument Boulevard
Concord, California, 94520

Ph: 925 288 4880
Email: info@rmbah.vet

Animal No.
Clinical No.
Record Date
Attending Vet(s)
Printed At
Printed By

CLINICAL SUMMARY
100857
302626
10-17-2023

Certificate of Rabies Vaccination

Date of Rabies Vaccination: 10-17-2023
Next Rabies Vaccination On: 10-16-2026
Product Name: IMRAB 3 Rabies 3-Year (Per Dose)

Tag Number: [REDACTED]
Batch Number: 18546 ExpMar30-24

VETERINARY CLINIC
Monument Boulevard Animal Hospital

OWNER OF ANIMAL

THIS IS TO CERTIFY THAT Monument Boulevard Animal Hospital HAS VACCINATED AGAINST RABIES FOR THE ANIMAL DESCRIBED BELOW.

PATIENT: Walter
SPECIES: Canine (Dog)
BREED: French Bulldog
COLOR: Gray

SEX: Male
WEIGHT: 24.8 lbs
AGE: 1 year 8 months 8 days

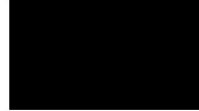
Signed: _____

RABIES VACCINATION CERTIFICATE

WELL-PET VET CLINIC

Date: **MAY 16 23**

Time: **18:03**



RABIES CANINE 1 YEAR

Rabies Tag #: **19**

Manufacturer: **vanguard**

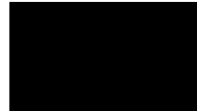
Date Vaccinated: **MAY 16 23**

Lot / S/N: **643791**

Expiration Date: **MAY 16 24**

Discard Date: **MAY 14 24**

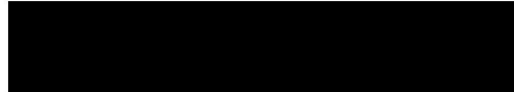
Owner



Patient
Name: **THOR**
Species: **CANINE**
Breed: **PAPILLION**
Color: **WHITE & BLACK**
Gender: **M**

DOB: **JUN 28 11** Weight: **16.4 lbs** ID1: **None** ID2: **None**

I hereby certify that this animal has been vaccinated in accordance with the manufacturers recommendation for the vaccine used on the above date.



Vaccination Certificate

Owner Information

Name: [REDACTED]
 Phone: [REDACTED]
 Email: [REDACTED]
 Address: [REDACTED]

Animal Information

Name: Luna
 License #: [REDACTED]
 Current Sex: Spayed
 Microchip: [REDACTED]
 Species: Canine
 Breed: Pug
 Markings:
 Colors: Fawn
 Age: 4 years 4 months
 Current Weight: 27.60 lbs

Vaccine	Manufacturer	Lot Number	Lot Exp. Date
Rabies Canine (Imrab) 3yr	Boehringer Ingelheim	18554	2024-06-16

Date Administered	Next Due	Tag Number	Prev. Tag Number
05/02/2023	05/02/2028		



R-Mari Breeden, DVM
 Adobe Animal Hospital
 [REDACTED]

In some cases, animals may have a reaction to their vaccination. This may result in lethargy, swelling or tenderness around the injection site. If an intra-nasal vaccine was used, this can result in a runny nose or eyes. These reactions are generally mild and resolve within a few days. More serious reactions, though rare, can also occur. If you have any concerns, you should contact us immediately. An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered.

Upcoming Reminders (Next 5)

Upcoming Reminders (Next 5)	Next Due
Rabies Canine (Imrab) 3yr	05/21/2023
Dhpp 3 year booster	05/21/2023
Heartgard Chew-Green (26-50 lb)	11/02/2023
Examination	05/02/2024
4DX Screen (7244)	05/02/2024

Rabies Vaccination Certificate

This is to certify that the described animal has received a rabies vaccination.

Patient: Livy Color: Gold/White Owner: [REDACTED]
 Species: Canine Markings: [REDACTED]
 Breed: Shih Tzu Registration: [REDACTED]
 Age: 12 months Microchip: [REDACTED]
 Sex: Female Unaltered Rabies Tag: 83351
 Weight: 10.50 lb



Vaccination Information

Rabies Tag: [REDACTED] Admin Route: SQ
 Serial Number: 59591 Lot Expiration: 3/26/2024
 Manufacturer: Vanguard Virus Type: KILLED

Vaccination Reminders Due:

Vaccine	Performed	Due
Rabies Vaccine 3yr	03/27/2023	3/27/2036

Vaccination History:

Date	Vaccine	Manufacturer	Serial #	Tag/Reg #	Type
3/27/23	Rabies Vaccine 3yr	Vanguard	59591	83351	KILLED



Village Center Veterinary Care
 [REDACTED]



RABIES VACCINE CERTIFICATE

Lafayette Animal Hospital

[REDACTED]
[REDACTED]
[REDACTED]

Owner of Animal

[REDACTED]
[REDACTED]
[REDACTED]

Certificate Date: 10-03-24

Date of Rabies Vaccination: 10-03-24
Next Rabies Vaccination Due: 10-03-27

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient Information:

Patient: Lola
Species: Canine
Sex: Spayed Female
DOB/Age: 04-07-20, 4 years
Color: Cream

Tag #: 42242
Breed: Mix, Bichon/Cavalier K.C.
Weight: 16.00 lbs.
Microchip ID: [REDACTED]

Doctor: [REDACTED]

License: [REDACTED]

Rabies Vaccine Information:

Manufacturer: BI
Vaccine Name: IMRAB
Method: SQ

Serial/Lot #: 18609
Lot Expiration: 18OCT25
Vaccine Virus Type: KIL

EL CERRITO PET HOSPITAL

[REDACTED]

Client No. 25943

[REDACTED]
Vallejo, CA 94591
Phone: [REDACTED]

Rabies Vaccination Certificate

NAME: **NINA**

SPECIES: **CANINE**
BREED: **POODLE**
GENDER: **FI**
COLOR: **BLACK**
BIRTHDAY: **7/27/2022**
AGE: **0 yrs, 11 months**

WEIGHT: **9.30 lbs**

Rabies Tag #: [REDACTED]
ID #1:
ID #2:
Last Visit: **5/24/2023**

Item	Description	Given	Due Date	Lot #	Manufacturer	Exp. Date
2106	RABIES VACCINE 1 YEAR	5/24/2023	5/23/2024	563019	20ETIS	9/1/2023

I hereby certify that this animal has been vaccinated in accordance with the manufacturer's recommendation for the vaccine used on above date.

[REDACTED]

Date Issued **6/27/2023**



Joybound




Rabies Certificate
July 1, 2024

Client Name: [Redacted] Name: Deoro
 Address: [Redacted] Species: Canine
 City: Pittsburg Breed: Shih Tzu
 State: CA Sex: MI
 Zip Code: 94565 Color: White
 Phone: [Redacted] Birthdate: 7/1/2017

Producer: Boehringer Ingelheim Vaccination Date: 7/1/2024
 Serial/Lot#: 18603
 Exp. Date: 9/20/2025 Next Vaccine Due: 7/1/2027



Joybound Pet and People Alliance



Animal Care Hospital
of Walnut Creek

[Redacted]

September 9, 2024

Rabies Vaccination Certificate

RabiesTag # 3854

Owner

[Redacted]

Pet

Name	Cash	Species	Canine
DOB	4/3/2020	Breed	King Charles Cavalier
Age	4 yrs 5 mths		
Sex	MN	Color	Blenheim
Weight	35 lbs	MicroChip	

Rabies Vaccination Information

Mfg/Brand	Nobivac 3	Vaccination Date	07/28/2024
Lot#	661323	Next Vaccination Due	07/28/2027
Expiration	11/24/2026		

Other Vaccinations

Last Done	Type of Vaccination	Next Due	Next Visit
06/28/2023	DAPP	06/28/2026	
07/28/2024	Leptospirosis	07/28/2025	
07/28/2024	Bordetella	07/28/2025	

Signature _____ [Redacted] _____