Monmouth County Regional Health Commission No. 1
RABIES VACCINATION CERTIFICATE
APPLICATION FORM

Owner's Name & Address

PRINT LAST	FIRST	MI	TELEPHONE

NO	STREET	CITY	STATE	ZIP

SPECIES:	SEX (circle below):	AGE (circle below):	SIZE (circle below):
Dog	Male	3-12 Mo.	Under 20 lbs
	Female	12 Mo & up	20- 50 lbs
	Spay/Neutered		Over 50 lbs

PREDOMINANT BREED:	COLORS:	NAME:

Mailing address if different from above:

Has your pet had a Rabies Vaccination before? YES NO

Owner is required bring a completed Rabies Vaccination Certificate Application Form for **EACH** dog/cat to receive a vaccination.

RABIES VACCINATION CERTIFICATES WILL BE MAILED TO OWNERS

COVID-19 Safety protocol:
Persons in line accompanying pet must wear masks and remain in line until instructed to proceed to vaccination area. Once the vaccination has been administered, owner and pet will immediately proceed to exit.

Dogs Must be on a leash - NO RETRACTABLE LEASHES
Cats Must be one to carrier.

Only healthy dogs and cats that can be safely restrained by owner shall be vaccinated at this clinic.
ANIMAL MUST BE SUPERVISED BY AN ADULT AT ALL TIMES

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: 732-493-9520 PRIOR TO ATTENDING CLINIC.

Clinic may be cancelled or postponement without notice.
We appreciate your safe participation!