**Information Sheet for Rabies Vaccination Certificates**

**Please complete the table below in its entirety. Note that incomplete documents will not be accepted.**

|  |  |
| --- | --- |
| **Microchip Number(s)** |  |
| **Microchip Location(s)** |  |
| **Owner’s last name** |  |
| **Owner’s first name** |  |
| **Owner’s physical address** |  |
|  |
|  |
| **Owner’s PO Box number** |  |
| **Owner’s KY code** |  |
| **Owner’s contact number(s)** |  |
| **Owner’s email address(es)** |  |
| **Species of pet** |  |
| **Pet’s Sex and Neuter Status** | * **Male** * **Female** * **Neutered** * **Intact (not neutered)** |
| **Pet’s age** |  |
| **Pet’s breed(s)** |  |
| **Pet’s colour(s)** |  |
| **Pet’s name** |  |
| **Date of previous rabies vaccination** |  |
| **Names and doses of any prescription medications currently being taken** |  |
| **Local veterinary clinic** |  |