

**RABIES VACCINATION CERTIFICATE**  
 NASPHV FORM 51 (revised 2007)

Owner's Name & Address				RABIES TAG #	
LAST FIRST M.I. Memphis Animal Services				MICROCHIP # 941010002727491 (24Petwatch / Pethealth)	
NO. STREET 2350 Appling City Cove				CITY STATE ZIP Memphis TN 38133	
SPECIES Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/>		AGE 4 Months <input checked="" type="checkbox"/> Years <input type="checkbox"/> SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered		SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input checked="" type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____				PREDOMINANT BREED _____ PREDOMINANT COLORS/MARKINGS Black White ANIMAL NAME Alvin	
DATE VACCINATED <u>02/25/2025</u> Month / Day / Year		Product Name: IMRAB 1 TF		Veterinarian's Name: Dr. Lynn Worley	
NEXT VACCINATION DUE BY: <u>02/25/2026</u> Month / Day / Year		Manufacturer: <span style="border: 1px solid black; padding: 2px;">M E R</span> (First 3 letters) <input checked="" type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine <input checked="" type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose 22135 Vaccine Serial (lot) Number		License Number: 3319  <i>Lynn Worley</i> (Veterinarian's Signature) Address: Memphis Animal Services 2350 Appling City Cv Memphis, TN 38133-4735	