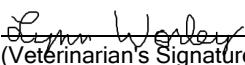


**RABIES VACCINATION CERTIFICATE**  
 NASPHV FORM 51 (revised 2007)

Owner's Name & Address			RABIES TAG #	
LAST Memphis Animal Services			MICROCHIP # 941010002875054 (24Petwatch / Pethealth)	
FIRST M.I.			TELEPHONE # (901) 636-1416	
NO. 2350 Appling City Cove			CITY Memphis	
STREET			STATE TN	
ZIP 38133				
SPECIES	AGE	SIZE	PREDOMINANT BREED	PREDOMINANT COLORS/MARKINGS
Dog <input checked="" type="checkbox"/>	Months <input checked="" type="checkbox"/> 4 Years <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input checked="" type="checkbox"/> Over 50 lbs. <input type="checkbox"/>		Tan
Cat <input type="checkbox"/>	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered		ANIMAL NAME	Black
Ferret <input type="checkbox"/>			Theodore	Brindle
Other: <input type="checkbox"/>				
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____				
<b>DATE VACCINATED</b>	Product Name:		Veterinarian's Name:	
02/25/2025 Month / Day / Year	IMRAB 1 TF		Dr. Lynn Worley	
<b>NEXT VACCINATION DUE BY:</b>	Manufacturer:		License Number:	
02/25/2026 Month / Day / Year	(First 3 letters) <b>MER</b>		3319	
	<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		 (Veterinarian's Signature)	
	22135 Vaccine Serial (lot) Number		Address: Memphis Animal Services	
			2350 Appling City Cv	
			Memphis, TN 38133-4735	