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 to receive a vaccination.

Owners to remain in their vehicle until instructed to bring pet to vaccination area. Once the vaccination has been administered, owner and pet will return to their vehicle and proceed to exit.

RABIES VACCINATION CERTIFICATES WILL BE MAILED TO OWNERS

Owners must wear masks 6 ft. Social Distancing is mandatory Hand sanitizer station will be available

Dogs Must be on a leash (NO RETRACTABLE LEASHES)

Only healthy dogs that can be safely restrained by owner shall be vaccinated at this clinic. Dogs that cannot be properly restrained by owner will not 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.