

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

Owner's Name & Address

<b>PRINT LAST</b>		<b>FIRST</b>	<b>MI</b>	<b>TELEPHONE</b>
<b>NO</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>SPECIES:</b>	<b>SEX (circle below):</b>	<b>AGE (circle below):</b>	<b>SIZE (circle below):</b>	
Dog	Male	3-12 Mo.	Under 20 lbs	
Cat	Female	12 Mo & up	20- 50 lbs	
	Spay/Neutered		Over 50 lbs	
<b>PREDOMINANT BREED:</b>		<b>COLORS:</b>	<b>NAME:</b>	
Mailing address if different from above:				
Has your pet had a Rabies Vaccination before?			YES	NO

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

Owners are 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 will be available**

**Dogs Must be on a leash (NO RETRACTABLE LEASHES)  
Cats Must be in a carrier**

Only healthy dogs and cats that can be properly 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.**