RABIES VACCINATION CERTIFICATE

NASPHV FORM 51 (revised 2007)

RABIES TAG #	00821
MICROCHIP #	941010001906219

Owner's Name & Address

LAST: | FIRST: Dog Squad | M.I.: | TELEPHONE #: (864) 867-8027

NO. | STREET | CITY | STATE | ZIP

SPECIES: [X] Dog [ ] Cat [ ] Ferret [ ] Other: ____

AGE: 2 Years [X] / Months [ ]

SEX: [ ] Male [X] Female [X] Neutered

SIZE: [ ] Under 20 lbs. [X] 20 - 50 lbs. [ ] Over 50 lbs.

PREDOMINANT BREED: Terrier, American Staffordshire

PREDOMINANT COLORS/MARKINGS: Silver / Brindle

ANIMAL NAME: Amee

Animal Control License [ ] 1 Yr [ ] 3 Yr [ ] Other ____

DATE VACCINATED

02/20/2024
Month / Day / Year

NEXT VACCINATION DUE BY:

02/19/2025
Month / Day / Year

Product Name: Nobivac 1-Rabies

Manufacturer: (First 3 letters) ZOE

[X] 1 Yr USDA Licensed Vaccine
[ ] 3 Yr USDA Licensed Vaccine
[ ] 4 Yr USDA Licensed Vaccine

[X] Initial dose [ ] Booster dose

Lot 720917 / Ser 701670
Vaccine Serial (lot) Number

Veterinarian's Name: Sarah Reardon DVM

License Number: SC 3868

(Veterinarian's Signature)

Address: Greenville County Animal Care
328 Furman Hall Road
Greenville, SC 29609