



CERTIFICATE OF NON-VACCINATION



Date:

VETERINARY CLINIC

Company:

Address:

City:

State:

Zip:

County:

Phone:

OWNER OF ANIMAL

Company:

Address:

City:

State:

Zip:

County:

Phone:

This is to certify that...

In my professional opinion this pet should not be vaccinated for rabies as s/he is not at risk for contracting Rabies, and/or has been adequately vaccinated in the past to protect against Rabies and vaccination would be detrimental to his or her health.

PATIENT (Animals Name):

SPECIES:

GENDER:

Color and markings...

TAG NO (Rabies):

HEIGHT/WEIGHT:

ANIMALS AGE:

<Animals Picture>

Veterinarian's Signature:

License #:

Vaccinations & Services Due Next: