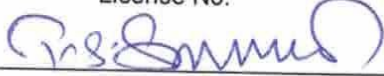


Rabies Vaccination Certificate

NASPHV Form 51 (revised 2007)

Owner's Name & Address			RABIES TAG #	
LAST Sebr			MICROCHIP # 977200009992240	
FIRST South East Beagle Rescue			M.I.	
NO PO Box 270631			STREET CITY Tampa	
STATE FL			ZIP 33688	
TELEPHONE 855-422-3245				
SPECIES: Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other <input type="checkbox"/> (specify)	AGE: 7 yr 6 mo	SIZE: Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input checked="" type="checkbox"/>	Predominant Breed: BEAGLE	Predominant Colors/Markings tri
SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Neutered	Animal Name: Rosco IV			
Date Vaccinated: July 18, 2021	Product Name:	Veterinarian's Name: Tejbir Sandhu		
Next Vaccination Due By: July 18, 2022	Manufacturer: Z O E	Veterinarian's #: VM11697		
	<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 type="checkbox"/> Initial Dose <input checked="" type="checkbox"/> Booster Dose	License No.		
	497253 Vaccine Serial (lot) Number	Signature 		
		Address Companion Pet Hospital 11499 U S 301 North Thonotosassa, FL 33592 813-986-2448		