



Township of BORDENTOWN

RABIES VACCINATION FORM

THIS FORM MUST BE FILLED OUT AND HANDED TO THE VETERINARIAN
BEFORE YOUR PET CAN RECEIVE THE RABIES VACCINATION
AT THE JANUARY 9, 2021 CLINIC BEING HELD FROM 1 TO 3 PM AT THE SENIOR COMMUNITY CENTER

Please fill out all the information on this form. If it is submitted with a self-addressed stamped envelope, the rabies vaccination certificate will be mailed to you by January 15. If you do not provide a stamped envelope, the rabies vaccination certificate will be emailed to you.

Questions? Call 609-298-2800 x2104 or x2108.

Owner's Last Name: _____

Owner's First Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Species (circle): DOG CAT OTHER: _____

Pet Name: _____

First Rabies Vaccine? YES NO

Sex (circle): MALE FEMALE

Spayed/Neutered? YES NO

Weight (circle): Under 20 lbs. 20 to 50 lbs. Over 50 lbs.

Predominant Breed: _____

Colors/Markings: _____