

CERTIFICATE OF VACCINATION

Danville Veterinary Hospital

812 Camino Ramon Road

Danville, CA 94526

(925) 837-4264

Date: _____

This certificate certifies that the following animal has received the services listed below at our practice.

Client ID:

Client Name:

Address:

Telephone:

Patient ID:

Name:

Species:

Breed:

Sex:

Color:

Markings:

Birth Date:

This certificate certifies that I have vaccinated the above mentioned animal against rabies with a killed-virus vaccine.

Drug Mfr.: _____

Doctor: _____

Serial Lot # _____

License # _____

Vaccinations:

DHLPP ANNUAL VACCINE

BORDETELLA VACCINE

RABIES 3 YR VACCINE

LYME ANNUAL VACCINE

HEARTWORM TEST (DOG)

OVA & PARASITES (T805)

HEALTH CARE PLAN RENEWAL

Due Date: