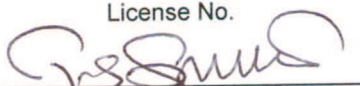


# Rabies Vaccination Certificate

NASPHV Form 51 (revised 2007)

Owner's Name & Address		RABIES TAG #		
		MICROCHIP # 977200010231965		
LAST Sebr	FIRST South East Beagle Rescue	M.I.	TELEPHONE 855-422-3245	
NO PO Box 270631	STREET	CITY Tampa	STATE FL ZIP 33688	
SPECIES: Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other <input type="checkbox"/> (specify)	AGE: 4 yr 10 mo	SIZE: Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input checked="" type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	Predominant Breed: BEAGLE  Animal Name: Queenie	Predominant Colors/Markings tri
Date Vaccinated: January 13, 2023  Next Vaccination Due By: January 13, 2024	Product Name:  Manufacturer: <b>Z O E</b>  <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"/> <del>Booster Dose</del>  562891 _____ Vaccine Serial (lot) Number		Veterinarian's Name:    Tejbir Sandhu  Veterinarian's # VM11697 License No.  _____ Signature  Address Companion Pet Hospital 11499 U S 301 North Thonotosassa, FL 33592 813-986-2448	