RABIES VACCINATION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

1. OWNER'S NAME *(Last, First, Middle Initial)*	**2. TELEPHONE NUMBER** *(Include Area Code)*

3. ADDRESS *(Number, Street, City, State, ZIP Code)*

4. ANIMAL

a. NAME	b. MICROCHIP NUMBER(S)	c. SPECIES	d. SEX

e. AGE	f. WEIGHT	g. PREDOMINANT BREED	h. COLOR(S)

5. VACCINE

a. PRODUCER *(First 3 letters)*	b. LOT NUMBER	c. EXPIRATION DATE	d. VIRUS TYPE	e. ADMINISTRATION SITE

6. VACCINATION		**7. VETERINARIAN**	
a. RABIES TAG NUMBER	b. DATE VACCINATED	a. NAME	b. LICENSE NUMBER
c. VACCINATION DURATION	d. VACCINATION DUE	c. SIGNATURE	

8. FACILITY ADDRESS *(Street, City, State, ZIP Code)*

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
   - **a. NAME.** Self-explanatory.
   - **b. MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
   - **c. SPECIES.** Self-explanatory.
   - **d. SEX.** Self-explanatory.
   - **e. AGE.** Self-explanatory.
   - **f. WEIGHT.** Self-explanatory.
   - **g. PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
   - **h. COLOR(S).** Self-explanatory.
5. **VACCINE.**
   - **a. PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
   - **b. LOT NUMBER.** Production lot number of the vaccine used.
   - **c. EXPIRATION DATE.** Expiration date of the vaccine used.
   - **d. VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
   - **e. ADMINISTRATION SITE.** Location and method of administration of the vaccine used (e.g., SQRS - subcutaneous over right shoulder).
6. **VACCINATION.**
   - **a. RABIES TAG NUMBER.** Self-explanatory.
   - **b. DATE VACCINATED.** Self-explanatory.
   - **c. VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
   - **d. VACCINATION DUE.** Date that next rabies vaccination is due.
7. **VETERINARIAN.**
   - **a. NAME.** Name of the veterinarian responsible for the vaccination.
   - **b. LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
   - **c. SIGNATURE.** Self-explanatory.
8. **FACILITY ADDRESS.** Self-explanatory.