

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 02-20-17  
**Next Rabies Vaccination On:** 02-20-18

**Certificate No:** 0  
**Previous Rabies Vaccination:** <oldtag>

**VETERINARY CLINIC**  
Cacapon Veterinary Medical Center  
546 Cold Stream Rd  
Capon Bridge, WV 26711  
304-856-1700

**OWNER OF ANIMAL**  
Charles Hall  
PO Box 130  
Augusta, WV 26704

This is to certify...

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

**Patient information...**

**PATIENT:** Abbey  
**SPECIES:** Canine  
**SEX:** Spayed Female  
**Color and markings:** Brown/Tan

**TAG NO:** 27101  
**WEIGHT:** 37.00  
**AGE:** 2Y

Signed \_\_\_\_\_



Alan Q. Spaid, D.V.M

**License:** 9631

**Rabies Vaccine Information...**

**MFG BY:** BI  
**LOT EXP:** 09-24-17

**SER.NO:** 4150421A  
**ADM:** SQ