**Rabies Vaccination Clinic**

**Sponsored by Dr. Jeanne Olson and Two Rivers Dog Mushers Association**

**Date: April 10, 2022 11:00 am-3:00pm**

**Location: Cold Spot Feeds 377 Helmericks Ave, Fairbanks, AK 99701**

Instructions: Fill out this form with owner information and description of each animal. The shaded columns will be filled in at the clinic. This form will be kept by the veterinarian as record of your animal’s vaccination.

|  |  |
| --- | --- |
| Owner’s Name |  |
| Postal Street Address |  |
| Telephone |  |
| Email |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Owner fills in these columns | | | | | | | | Vet fills in these columns | |
|  | Animal Name | Age  yrs | Sex  m/f | Intacty/n | Weight  lbs | Cat or Dog?  Breed? | Color | Previous Rabies Shot y/n | Receive 1yr or 3yr  Shot | New Rabies  Tag # |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |