CERTIFICATE OF HEALTH

DATE.....: 05/13/2013

CLIENT.....: Mark [redacted]
ADDRESS.....: [redacted]

PET INFORMATION

NAME.....: Brick
SPECIES.....: Canine
BREED.....: Airedale Terrier
DATE OF BIRTH..: 03/27/2004
COLOR.....: Blk/tan
SEX.....: M Is Spayed or Neutered: X
RABIES TAG NUM.: 4426698 GIVEN: 06/11/2011
TYPE: Killed MFG: Schering Rhabdo LOT #: S831726B

INOCULATION STATUS:
Due Dates for Medical Treatments:

06/11/2013 DHLPP Booster	03/26/2014 Bordetella Booster
06/11/2013 Lyme Booster	03/26/2014 HW/Bld Parasite Exam
06/11/2013 Fecal Exam	06/10/2014 Rabies Inoculation
11/05/2013 Prescript Flea Cntl	
02/20/2014 Heartworm Prevention	
03/26/2014 Wellness Exam	

I certify that on this date, the above animal was examined by me and to the best of my knowledge find this animal to be free of infections, or contagious diseases, including rabies.

[redacted]

Person performing service / Date / Time

RABIES VACCINATION CERTIFICATE

Owners name and address: Mark [redacted]

Phone: [redacted]

[redacted]

Species	Sex	Age	Wght.	Dominant Breed
Canine	MX	7.2 yrs.	59.60lbs	Airedale Terrier
				Color
				Blk/tan

Name: Brick

Producer Schering Rhabdo — 1 yr lic/vac — Type Killed
vac lot # S831726B — X 3 yr lic/vac — Other_____

For lic agcy use	Date vaccinated	Vet.lic. #_____
License # Year	06/11/2011	
_____ ____		_____
_____ ____	Tag Number:	Signature
_____ ____	4426698	Veterinarian address:
_____ ____		
Other_____	Vaccination expire	[redacted]
Change__ Add__	06/10/2014	[redacted]
Control_____		[redacted]
		[redacted]