

### Rabies Vaccination Certificate

Based on NASPHV form 50

Owner's Name & Address

Last <b>Wayne</b>	First <b>Tim</b>	Telephone <b>415-789-6047 cell</b>
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No. & Street 32 Belvedere St.	City San Francisco	State CA	Zip 94117
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Species Canine (dogs)	Sex FS	Age 4 yrs & 8 mo	Weight 43.8 Lbs	Breed border collie mix	Colors
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Name: Xena Chip:

Producer: Merial Imrab 3TF	Duration: 3 Years	18337
		Vacc. Serial (lot) No.

For Licensing Agency Use  
License No. \_\_\_\_\_  
Year 2017  
\_\_\_\_\_ 20  
\_\_\_\_\_ 20

Other  
Change  Add   
Control:

Date Vaccinated:  
Oct 12, 2017  
Rabies Tag #: 0291-19  
Vaccine due again:  
Oct 11, 2020

Vet Lic. #: 17877  
Dr. Meghan Wilhelm  
San Francisco Pet Hospital  
1371 Fulton St.  
San Francisco, CA 94117  
Tel: 415-931-8312