# FORM 4

**Rabies Vaccination Certificate**

**1. Owner details**

|  |  |  |
| --- | --- | --- |
| **a)** | Owner:  |  |
| **b)** | Address:  |  |

**2. Animal details**

|  |  |  |
| --- | --- | --- |
| **a)** | Name: |  |
| **b)** | Microchip Number /Tattoo: |  |
| **c)** | Scan/Implant date: |  |
| **d)** | Location of microchip |  |
| **e)** | Species: |  |
| **f)** | Sex: |   |
| **g)** | Age/Date of Birth: |  |
| **h)** | Breed: |  |
| **i)** | Colour: |  |

**3. Vaccination details**

I the undersigned veterinarian declare that I have vaccinated the animal described above as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **a)** | Date of Vaccination: |  | Vaccine Label: |
| **b)** | Name of Vaccine: | MSD Animal Health Nobivac Rabies |
| **c)** | Batch Number: |  |
| **d)** | Expiry Date: |  |
| **e)** | Based on the manufacturer’s recommendation, booster vaccination for this animal is due on: |  |

**4. Registered Veterinarian**

|  |  |  |
| --- | --- | --- |
| **a)** | Name:  |  |
| **b)** | Veterinary Board Registration Number:  |  |
| **c)** | Signature: |
| **d)** | Date:  |  |
| **e)** | Address:  |  |

**5. Endorsement by Government Veterinarian**

|  |  |  |  |
| --- | --- | --- | --- |
| **a)**  | Name: |  | Stamp: |
| **b)** | Veterinary Board Registration Number: |  |
| **c)** | Authorised Officer Number: |  |
| **d)** | Date: |  |
| **e)** | Signature: |

Notes: Sections 1 – 4 to be completed before signing by the Registered Veterinarian administering the vaccine.

Section 5 to be completed by the Government Veterinarian issuing the official Health Certificate and Export Permit