# 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