

Information Sheet for Rabies Vaccination Certificates

Please complete the tables below in their entirety. Note that incomplete documents will not be accepted.

Pet 1:

Microchip Number(s)	
Microchip Location(s)	
Owner's last name	
Owner's first name	
Owner's physical address	
Owner's PO Box number	
Owner's KY code	
Owner's contact number(s)	
Owner's email address(es)	
Species of pet	
Pet's Sex and Neuter Status	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Intact (not neutered)
Pet's age	
Pet's breed(s)	
Pet's colour(s)	
Pet's name	
Date of previous rabies vaccination	
Names and doses of any prescription medications currently being taken	
Local veterinary clinic	

Pet 2:

Microchip Number(s)	
Microchip Location(s)	
Owner's last name	
Owner's first name	
Owner's physical address	
Owner's PO Box number	
Owner's KY code	
Owner's contact number(s)	
Owner's email address(es)	
Species of pet	
Pet's Sex and Neuter Status	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Intact (not neutered)
Pet's age	
Pet's breed(s)	
Pet's colour(s)	
Pet's name	
Date of previous rabies vaccination	
Names and doses of any prescription medications currently being taken	
Local veterinary clinic	

Pet 3:

Microchip Number(s)	
Microchip Location(s)	
Owner's last name	
Owner's first name	
Owner's physical address	
Owner's PO Box number	
Owner's KY code	
Owner's contact number(s)	
Owner's email address(es)	
Species of pet	
Pet's Sex and Neuter Status	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Intact (not neutered)
Pet's age	
Pet's breed(s)	
Pet's colour(s)	
Pet's name	
Date of previous rabies vaccination	
Names and doses of any prescription medications currently being taken	
Local veterinary clinic	