

I, the undersigned veterinarian, have today vaccinated the following animal against rabies.

Animal data

Animal species (dog/cat)	Sex (male/female/neutered)	Age	Breed
ID-number	Name		

Vaccination data

Date of vaccination (yyyymmdd)	Vaccine	Batch
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Owner

Name	Telephone number
E-mail	

Veterinarian

Name of veterinarian	Telephone number
Stamp	Signature of veterinarian