RABIES VACCINATION CERTIFICATE

Owner's Name & Address	RABIES TAG NUMBER
	084669
PRINT LAST, FIRST Johnson Hawley	TELEPHONE 524-4015 (203)
NO. STREET CITY STATE 53 Hill Shadow Farm Rd. Bennington, VT	ZIP 05201

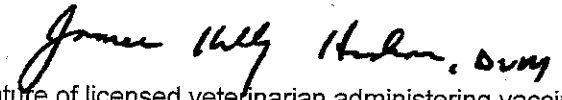
PET:	SEX:	AGE:	SIZE:	PREDOMINENT BREED:	COLORS:
Izzy Canine	FS	6 years and 8 months old	66.7lbs.	Labrador	Black

DATE VACCINATED:	PRODUCER:	SIGNATURE:
01/20/2023	Elanco	Allison Degrenier, DVM Signature of licensed veterinarian administering vaccine. Dr.AllisonDegrenier
VACCINATION EXPIRES:	1yr/3yr License Vaccine:	ADDRESS:
01/19/2026	3 YEAR	Mt. Anthony Veterinary Hospital 832 West Road Bennington, VT 05201 (802) 442-4324
	VACC. SERIAL (LOT) NUMBER: E062451A	

RABIES VACCINATION CERTIFICATE

Owner's Name & Address	RABIES TAG NUMBER
	085044
PRINT LAST, FIRST Johnson Hawley	TELEPHONE 524-4015 (203)
NO. STREET CITY STATE 53 Hill Shadow Farm Rd. Bennington, VT	ZIP 05201

PET:	SEX:	AGE:	SIZE:	PREDOMINENT BREED:	COLORS:
Cabot Canine	MN	6 years old	29.7lbs.	French Bulldog	Brindle

DATE VACCINATED:	PRODUCER:	SIGNATURE:
01/18/2024	BI	 Signature of licensed veterinarian administering vaccine. Dr.KellyHudson
VACCINATION EXPIRES: 01/17/2027	1yr/3yr License Vaccine: 3 YEAR VACC. SERIAL (LOT) NUMBER: 18589A	ADDRESS: Mt. Anthony Veterinary Hospital 832 West Road Bennington, VT 05201 (802) 442-4324