

Note: This form is only for the Twp. Rabies Clinic and not to be used to renew dog/cat licenses.

DELAWARE TOWNSHIP
FREE RABIES CLINIC FORM
1st SATURDAY IN DECEMBER - 10:00 A.M. – 12:00 P.M.

YEAR: _____

☐ Delaware Township Resident

☐ Not A Delaware Township Resident***

*** Township you live in: _____
(i.e. Kingwood Twp. Raritan Twp., Flemington Boro)

PRINT EACH PET ONCE AND CLEARLY (if your form is not clear that will hold up your rabies certificate(s).
RABIES CERTIFICATE(S) WILL BE MAILED TO YOU. ***Must be filled in* in case there is a question**

Total Animals at Clinic _____

Owners Name _____ * Telephone # _____ *

Please Print

Address _____

Please Print

City, State, Zip _____

Please Print

Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

Sex: Male ☐ **Age:** _____ (Check One) **Breed:** _____
Female ☐ ☐ Years Old
Spayed/Neutered ☐ ☐ Months Old

Colors: _____

Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

Sex: Male ☐ **Age:** _____ (Check One) **Breed:** _____
Female ☐ ☐ Years Old
Spayed/Neutered ☐ ☐ Months Old

Colors: _____

Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

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Female ☐ ☐ Years Old
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Colors: _____

Turn over for more spaces

Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

Sex: Male ☐ **Age:** _____ (Check One) **Breed:** _____
Female ☐ ☐ Years Old
Spayed/Neutered ☐ ☐ Months Old
Colors: _____

Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

Sex: Male ☐ **Age:** _____ (Check One) **Breed:** _____
Female ☐ ☐ Years Old
Spayed/Neutered ☐ ☐ Months Old
Colors: _____

Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

Sex: Male ☐ **Age:** _____ (Check One) **Breed:** _____
Female ☐ ☐ Years Old
Spayed/Neutered ☐ ☐ Months Old
Colors: _____

Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

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Species: Dog ☐ Cat ☐ **Pet's Name:** _____ **1st Rabies Shot?** ☐ Yes ☐ No

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