



TOWNSHIP OF CHESTERFIELD
BURLINGTON COUNTY, NEW JERSEY

RABIES VACCINATION FORM

This form must be filled out and handed to the Registrar before your pet can receive the rabies vaccination at the Free Rabies Clinic
The Clinic will be held on March 6th from 1 to 3 PM at the Public Works Garage

Please fill out the information on this form. If it is submitted with a self-addressed stamped envelope, the rabies vaccination certificate will be mailed to you or you can include your email address and a copy will be emailed to you.
If you include the renewal fee, the license renewal and rabies certificate will be mailed to you. **NO LICENSES WILL BE ISSUED AT THE CLINIC.**

Questions please call 609-291-0912

Owner's Last Name: _____

Owner's First Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Species (circle): DOG CAT OTHER: _____

Pet Name: _____

First Rabies Vaccine? YES NO

Sex (circle): MALE FEMALE

Spayed/Neutered? YES NO

Weight (circle) Under 20 lbs 20 to 50 lbs Over 50 lbs

Predominant Breed: _____

Colors/Markings: _____