

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\***  
**DECEMBER 4, 2021 10:00 A.M. – 12:00 P.M.**

At the Township Garage.

Delaware Township Resident

Not A Delaware Township Resident – Township you live in: \_\_\_\_\_  
(i.e. Kingwood Twp. Raritan Twp.)

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 \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Please Print

**Species:** Dog  Cat  **Pet's Name:** \_\_\_\_\_ **1<sup>st</sup> Rabies Shot?**  Yes  No

**Sex:** Male  **Age:** 3 Mo. to 12 Mo.   
Female  12 Mo. or Older  **Breed:** \_\_\_\_\_

Pet is Spayed/Neutered  **Colors:** \_\_\_\_\_

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**Species:** Dog  Cat  **Pet's Name:** \_\_\_\_\_ **1<sup>st</sup> Rabies Shot?**  Yes  No

**Sex:** Male  **Age:** 3 Mo. to 12 Mo.   
Female  12 Mo. or Older  **Breed:** \_\_\_\_\_

Pet is Spayed/Neutered  **Colors:** \_\_\_\_\_

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**Species:** Dog  Cat  **Pet's Name:** \_\_\_\_\_ **1<sup>st</sup> Rabies Shot?**  Yes  No

**Sex:** Male  **Age:** 3 Mo. to 12 Mo.   
Female  12 Mo. or Older  **Breed:** \_\_\_\_\_

Pet is Spayed/Neutered  **Colors:** \_\_\_\_\_

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**Species:** Dog  Cat  **Pet's Name:** \_\_\_\_\_ **1<sup>st</sup> Rabies Shot?**  Yes  No

**Sex:** Male  **Age:** 3 Mo. to 12 Mo.   
Female  12 Mo. or Older  **Breed:** \_\_\_\_\_

Pet is Spayed/Neutered  **Colors:** \_\_\_\_\_