

Greyhound Vaccination Certificate



Owner/Trainer name			
Greyhound name			
Ear brand		Sex: (circle)	Male Female
Colour		Whelp date	
Microchip number	95600000 _ _ _ _ _		

I, as a registered veterinarian, certify that upon consideration of the full vaccination history of the greyhound identified above, **the greyhound is vaccinated to a C5 level and will remain current for 12 months from the date of the vaccination below.**

Insert vaccination stickers here

Veterinary clinic details		
Date of vaccination _ _ / _ _ / _ _	Vet signature _____ Vet name _____ Vet board reg # _____	