

**Cranbury Township Rabies Clinic Registration (one form per pet)**

**Owners name (first, last)** \_\_\_\_\_

**Address (Street, Town, Zip)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Dog's name** \_\_\_\_\_ **Predominant Colors / Markings** \_\_\_\_\_

**Sex** (check box)  male  female      **Neutered/Spayed** (check box)  yes  no\_\_

**Dog's predominant breed** \_\_\_\_\_

**Weight** (check box)  under 20 pounds       20-50 pounds       over 50 pounds

Please email this completed form to Donna Wyckoff at [dwyckoff@cranbury-nj.com](mailto:dwyckoff@cranbury-nj.com) to be registered. You will then receive an appointment time.

**FEW REMINDERS:**

Please **NO CATS** at this clinic.

Please keep your dog on a leash and at a safe distance from other dogs.

If your dog has had a previous rabies vaccine **BRING PROOF OF PRIOR VACCINATION** (a rabies certificate, township license or receipt from a veterinarian listing a rabies vaccine).

**\*\*We do not recommend bringing your dog to a vaccine clinic if he/she has underlying health issues that make vaccination advisable to be done in a veterinary hospital setting. \*\***