

**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

**Age** (check box)  less than 12 months  older than 12 months

-----please email this form to [Dwyckoff@cranbury-nj.com](mailto:Dwyckoff@cranbury-nj.com) ---

**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).**

Please NO CATS at this clinic.

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

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.