

**New Jersey Department of Health
 Infectious and Zoonotic Diseases Program
 PO Box 369
 Trenton, NJ 08625-0369
 Fax Number (609) 826-4874**

STATE-SPONSORED MUNICIPAL RABIES VACCINATION CLINIC REPORT

Form is to be completed at the end of the rabies vaccination clinic and mailed to the above address or faxed to the above number within 10 days after clinic is held.

IMPORTANT: Keep unused vaccine in unopened bottles under refrigeration temperatures at all times. Please return within 5 days after end of clinic. Call 609-826-4872 if you have any questions.

Municipality		County		Clinic Dates	
Veterinarians			Amount of Vaccine Received		Amount of Vaccine Returned
Number Vaccinated Dogs	Number Vaccinated Cats		Breakage or Loss		Total Doses Vaccine Used
Vaccine Lot Number		Expiration Date		Date Returned to Distribution Center	
Name of Responsible Official (Print)			Title		
Signature of Responsible Official				Date	