

901:1-11-04

PSEUDORABIES VACCINATION CERTIFICATE
OHIO DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY

DATE _____

OWNER _____ COUNTY _____ TWP _____

ADDRESS _____

VACCINE USED: MLV / INACTIVATED (circle one) PRODUCT NAME _____

No.	Identification Tattoo, Ear Notch, etc.	Breed	Sex	Age	No.	Identification Tattoo, Ear Notch, etc.	Breed	Sex	Age
1.					16.				
2.					17.				
3.					18.				
4.					19.				
5.					20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

I HEREBY CERTIFY THIS TO BE A TRUE REPORT OF VACCINATION.

VETERINARIAN

ADDRESS