

Greyhound Vaccination Certificate



Person presenting:			
Greyhound name:			
Ear brand:		Sex: (circle)	Male Female <input type="checkbox"/> Desexed
Colour:		Date of birth:	
Microchip number:	956 _ _ _ _ _		
<p>I, 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 until the 'Next vaccination due' date as shown below.</p>			
Vaccination date: _ _ / _ _ / 20 _ _	<p>VACCINATION STICKER(S) OR VACCINE DETAILS</p> <p><i>Please note there are specific vaccination requirements for greyhounds being entered into the Victorian Greyhound Adoption Program (GAP) - please check with GRV if unsure.</i></p>		
Veterinary clinic details:			
Date of certification:	_ _ / _ _ / 20 _ _	Veterinarian signature: Veterinarian name: Veterinary Board reg #:	
Next vaccination due:	_ _ / _ _ / 20 _ _ Type:		

Please email to welfare@grv.org.au