

NOTICE TO NEW OWNERS OF RABIES VACCINATION*

Date Received: _____ Health Certificate #: _____ <div style="text-align: center;">(If from out of state)</div> Species: <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET BREED: _____ AGE: _____ SEX: _____ Name and Address of SOURCE (Rescue/Breeder/Pound/Etc.): _____ Phone: _____	DATE Transferred/Sold to New Owner: _____ NAME & ADDRESS OF NEW OWNER: _____ Phone: _____ I, _____, <div style="text-align: center;">SIGN NAME HERE</div> understand that under RI General Law 4-13-31 this animal MUST be inoculated against RABIES within thirty (30) days of the above date or when the animal reaches three (3) months of age.
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FOR **ALL** DOGS, CATS, AND FERRETS SOLD/ADOPTED IN RHODE ISLAND.
 LOG MUST BE **PERMANENTLY** MAINTAINED ON STORE PREMISES