NOTICE TO NEW OWNERS OF RABIES VACCINATION*

Received: _____ Health Certificate #: _____ (If from out of state) ☐ DOG ☐ CAT ☐ FERRET BREED:_____ AGE: _____SEX:_____ NAME & ADDRESS OF BREEDER/WHOLESALER: _____ _____ Phone #:_____	DATE Transferred/Sold to New Owner: _____ I, _____, SIGN NAME HERE understand that under RI General Law 4-13-31 this animal MUST be inoculated against RABIES within fourteen (14) days of the above date or when the animal reaches three (3) months of age. NAME & ADDRESS OF NEW OWNER: _____ _____ Phone #:_____
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FOR **ALL** DOGS, CATS, AND FERRETS sold/adopted in Rhode Island
MUST BE **PERMANENTLY** MAINTAINED ON STORE PREMISES