NOTICE TO NEW OWNERS OF RABIES VACCINATION*

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