



# Official Summary of Visit Rabies Certificate

230 E Riverside Dr, Eagle, ID 83616 | petvet.vippetcare.com | 800.427.7973

**Brandy Cox**  
5988 Dell Paz Drive  
Colorado Springs, CO 80918

**Client's info:**  
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## Buddy

|                    |                     |                         |            |
|--------------------|---------------------|-------------------------|------------|
| <b>Species:</b>    | Dog                 | <b>Age:</b>             | 4 months   |
| <b>Gender:</b>     | Male                | <b>Birthdate:</b>       | 02-15-2024 |
| <b>Breed:</b>      | German Shepherd Dog | <b>Spayed/Neutered:</b> | No         |
| <b>Weight:</b>     | 34.8 lbs.           | <b>Microchipped:</b>    | Yes        |
| <b>Colors:</b>     | Black And Tan       |                         |            |
| <b>Microchips:</b> | 981189900133396     |                         |            |

## Vaccert: **DV02B-240615-11616R**

### Clinic Visit

|                                   |   |
|-----------------------------------|---|
| <b>Location:</b>                  | Monument, Tractor Supply Company, 16760 Leather Chaps Dr. |
| <b>Date:</b>                      | 06-15-2024  |
| <b>Vet On Duty:</b>               | DeJoia, Crista  |
| <b>Vet License Number:</b>        | 9320  |
| <b>Visitation Age:</b>            | 4 months  |
| <b>Physical Exam Note:</b>        | N/A   |
| <b>Adverse Medical Reactions:</b> | N/A   |
| <b>History Of Seizures:</b>       | N/A   |
| <b>History Of Seizures Notes:</b> | N/A   |
| <b>Chronic Illness:</b>           | N/A   |
| <b>Allergies:</b>                 | N/A   |
| <b>Sneezing:</b>                  | N/A   |
| <b>Coughing:</b>                  | N/A   |
| <b>Vomiting:</b>                  | N/A   |
| <b>Diarrhea:</b>                  | N/A   |
| <b>Activity Level:</b>            | N/A   |
| <b>Appetite Level:</b>            | N/A   |
| <b>Additional Information:</b>    | N/A   |
| <b>Reason For Visit:</b>          | N/A   |
| <b>Illness Symptoms:</b>          | N/A   |



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|                                  |      |
|----------------------------------|------|
| <b>Diet:</b>                     | N/A  |
| <b>Temperature:</b>              | WNL  |
| <b>Pulse:</b>                    | WNL  |
| <b>Respiration:</b>              | WNL  |
| <b>Bright Alert Responsive:</b>  | Yes  |
| <b>Safe To Vaccinate:</b>        | N/A  |
| <b>Weight:</b>                   | 34.8 |
| <b>Pregnant:</b>                 | N/A  |
| <b>Fixed:</b>                    | N/A  |
| <b>Microchipped:</b>             | N/A  |
| <b>Medications:</b>              | N/A  |
| <b>Dental Score:</b>             | N/A  |
| <b>Body Condition Score:</b>     | N/A  |
| <b>Circulatory:</b>              | N/A  |
| <b>Circulatory Notes:</b>        | N/A  |
| <b>Digestive:</b>                | N/A  |
| <b>Digestive Notes:</b>          | N/A  |
| <b>Ears:</b>                     | N/A  |
| <b>Ears Notes:</b>               | N/A  |
| <b>Eyes:</b>                     | N/A  |
| <b>Eyes Notes:</b>               | N/A  |
| <b>General Appearance:</b>       | N/A  |
| <b>General Appearance Notes:</b> | N/A  |
| <b>Genitourinary:</b>            | N/A  |
| <b>Genitourinary Notes:</b>      | N/A  |
| <b>Integumentary:</b>            | N/A  |
| <b>Integumentary Notes:</b>      | N/A  |
| <b>Lymph Nodes:</b>              | N/A  |
| <b>Lymph Nodes Notes:</b>        | N/A  |
| <b>Mucus Membranes:</b>          | N/A  |
| <b>Mucus Membranes Notes:</b>    | N/A  |
| <b>Musculoskeletal:</b>          | N/A  |
| <b>Musculoskeletal Notes:</b>    | N/A  |
| <b>Neural Systems:</b>           | N/A  |
| <b>Neural Systems Notes:</b>     | N/A  |
| <b>Respiratory:</b>              | N/A  |
| <b>Respiratory Notes:</b>        | N/A  |
| <b>Unable To Examine:</b>        | N/A  |
| <b>Additional Notes:</b>         | N/A  |



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|                                   |     |
|-----------------------------------|-----|
| <b>Assessment:</b>                | N/A |
| <b>Plan:</b>                      | N/A |
| <b>Vet Notes:</b>                 | N/A |
| <b>Refer To Full Service Vet:</b> | No  |
| <b>Reason For Referral:</b>       | N/A |

### **Rabies**

|                       |                              |                          |            |                  |        |
|-----------------------|------------------------------|--------------------------|------------|------------------|--------|
| <b>Product:</b>       | Rabies - Rabies - IMRAB 3 TF | <b>Manufacturer:</b>     | Merial     |                  |        |
| <b>Vaccine Lot #:</b> | 18609                        | <b>Lot Expiration:</b>   | 10-18-2025 | <b>Duration:</b> | 1 year |
| <b>Date Given:</b>    | 06-15-2024                   | <b>Next Vaccination:</b> | 06-15-2025 |                  |        |

### **License**

|                   |                              |                 |     |
|-------------------|------------------------------|-----------------|-----|
| <b>Rabies Tag</b> | Generic Rabies Tag #V2496410 | <b>Expires:</b> | N/A |
|-------------------|------------------------------|-----------------|-----|

Signature: Dr. Crista DeJoia