



CDC RABIES VACCINATION AND MICROCHIP RECORD

This form is to be completed by the examining veterinarian

OMB Approval Number: 0920-1381

Form Expires: 01/31/2026

Form available at: www.cdc.gov/dogtravel

SECTION A: NAME AND ADDRESS OF OWNER IN THE UNITED STATES

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (including country and/or area code): _____ Email address: _____

SECTION B: ANIMAL IDENTIFICATION

ANIMAL NAME	ISO-COMPLIANT MICROCHIP NUMBER	BREED	SEX	DATE OF BIRTH OR AGE (MM/DD/YYYY)	COLOR/MARKINGS

SECTION C: RABIES VACCINE INFORMATION

PRODUCT NAME	MANUFACTURER:	LOT NUMBER	PRODUCT EXPIRATION DATE (MM/DD/YYYY)	DATE OF VACCINATION (MM/DD/YYYY)	DATE NEXT VACCINATION IS DUE (MM/DD/YYYY)

SECTION D: VETERINARY CERTIFICATION STATEMENT

1. I certify that I examined the animal listed above and that the age, breed, sex, ISO-compliant microchip number, and description of the animal is true and correct.
2. I certify based on either having personally administered or supervised the administration of the vaccine or booster that: (1) the initial rabies vaccine was administered on or after 12 weeks (84 days) of age; or (2) the rabies booster vaccine was administered on or after 60 weeks (15 months) of age and the owner had proof that the animal received previous rabies vaccination that was administered on or after 12 weeks (84 days) of age.
3. To the best of my knowledge and belief, the animal described above did not come from an area under animal quarantine for rabies by a government authority and has not been exposed to rabies.
4. I certify that I am authorized by the competent authority¹ to practice veterinary medicine in the country listed below.
5. I hereby certify to the best of my knowledge and belief that that the information submitted herein is complete and accurate and that I understand that any false statement made in connection with this certification may subject me to criminal penalties under 18 U.S.C. 1001.

SIGNATURE OF EXAMINING[±] VETERINARIAN:

I certify that all information provided on this form is true and accurate.

Veterinarian's Signature: _____ Printed Name: _____ Date (MM/DD/YYYY): _____

Address of Veterinarian: _____

City: _____ Region/State: _____ Country: _____

Telephone (including country code): _____ Email address: _____

Veterinary License Number: _____

Print form and affix veterinary seal if you do not have a veterinary license number.

[±] The examining veterinarian must be authorized by the competent authority to practice veterinary medicine in the exporting country or be an official government veterinarian.

¹ Competent Authority means the minister, government department, or other authority having power to issue and enforce regulations, orders, or other instructions having the force of law in respect of the subject matter of the provision concerned.