

2-9-24

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 02-09-24  
**Next Rabies Vaccination On:** 02-08-27



**VETERINARY CLINIC**  
Alpine Veterinary Hospital  
7732 MacArthur Blvd.  
Cabin John, MD 20818  
(301) 229-2400

**OWNER OF ANIMAL**  
Myrna Schiattareggia  
5600 Wisconsin Avenue  
Chevy Chase, MD 20815  
County:

This is to certify...

**THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES.**

**Patient information...**

**PATIENT:** Cisco  
**SPECIES:** Canine  
**SEX:** N  
**Color and markings:** Black & White  
**BREED:** Havanese

**TAG NO:** 240087  
**WEIGHT:** 19.40  
**AGE:** 4Y  
**MICROCHIP:** 985141002220696

**MFG BY:** ZOETI **SER.NO:** 661325 **LOT EXP:** 11/26/24 **ADM:** SC

Signed *Apryl Reidelbach*

Apryl Reidelbach, DVM

License: 7842

Vaccinations done...

02-09-24	AB	Canine Rabies 3 yr	02-08-27
10-04-23	AB	Canine Bordetella annual	10-03-24
10-04-23	AB	Canine Influenza H3N8+ H3N2 Combo annual	
		10-03-24	
01-27-23	AB	Heartworm/Lyme Antigen Test	01-27-24
09-27-22	AB	Canine Influenza H3N8 +H3N2 Combo Series	
12-17-21	AB	Canine Distemper 3 year	12-16-24
12-15-20	SS	Canine Distemper	

