



# Township of Hillsborough

COUNTY OF SOMERSET  
THE PETER J. BIONDI BUILDING  
379 SOUTH BRANCH ROAD  
HILLSBOROUGH, NJ 08844  
(908) 369-4313  
[www.hillsborough-nj.org](http://www.hillsborough-nj.org)

## HILLSBOROUGH TOWNSHIP RABIES VACCINATION CLINIC REGISTRATION

Owner's Name: \_\_\_\_\_  
(Last) (First)

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (Zip Code)

Pet Information (Please Circle One): \_\_\_\_\_

- Dog or Cat
- Male or Female
- Neutered or Not
- 3 - 12 months or Older than 12 months

Has this animal been vaccinated against rabies before\*\*? YES NO

Name of Your Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT TWO COPIES OF THIS FORM, COMPLETE BOTH, AND BRING THEM WITH YOU ON THE DATE OF THE CLINIC.**

**(To be completed by Clinic Personnel)**

VETERINARIANS VACCINATING ANIMALS AT THIS CLINIC:

Dr.

Dr.

\_\_\_\_\_  
Vaccination Tag #: \_\_\_\_\_

**(space for vaccination sticker)**