



FREE RABIES CLINIC DRIVE-THRU EVENT



Saturday, March 9, 2024 🐾 10am - 1pm

49 S. Greenwich Street - Municipal Building Parking Lot

Rabies clinic may be cancelled due to inclement weather. Notice of cancellation will be posted at the Municipal Building and www.allowaytownship.com

The Rabies Clinic is a Drive-Thru Event at the Municipal Building; please follow the posted signs. **Preregister** using the form below – additional pets can be added to reverse. Dog licenses obtained the day of the Rabies Clinic can also be filled out on reverse (Dog License payment due at time of preregistration). Additional forms can be found at www.allowaytownship.com.

Preregister: MAIL / DROP BOX

****PLEASE FILL OUT ONE SLIP PER ANIMAL; ADDITIONAL RABIES CLINIC SPACE ON REVERSE****

For a list of other FREE Rabies Clinics in Salem County, visit:
<https://health.salemcountynj.gov/environmental/rabies-zoonosis-control>

Rabies Clinic Preregistration Form: Due February 28, 2024

Owner Name: _____ Date: _____

Mailing Address (PO Box, if applicable): _____

Phone #: (____) _____

Email: _____

Pet Information:

Pet's Name: _____

Color : _____

Breed: _____

☐ Dog ☐ Cat ☐ Male ☐ Female ☐ Altered Age: _____
Size: ☐ Under 20 lbs. ☐ 20-50 lbs. ☐ Over 50 lbs.

****PLEASE USE THIS FORM FOR RABIES CLINIC PREREGISTRATION ONLY – EXTRA SPACE ON REVERSE FOR ADDITIONAL PETS****

****PLEASE FILL OUT HIGHLIGHTED SPACE ONLY FOR RABIES PREREGISTRATION. IF YOU ARE OBTAINING YOUR DOG LICENSE THE DAY OF THE RABIES CLINIC, PLEASE FILL OUT ENTIRE SECTION AND RETURN WITH PAYMENT AND RABIES PREREGISTRATION FORMS****

Pet's Name: _____ **Breed:** _____ **Age:** _____

☐ Dog ☐ Cat ☐ Male ☐ Female ☐ Altered **Size:** ☐ Under 20 lbs. ☐ 20-50 lbs. ☐ Over 50 lbs.

Fur Length: Short / Medium / Long **Size:** Small / Medium / Large **Color:** _____

Rabies Expiration Date: _____ (Date Must Be 11/01/2024 Or Later To License) **Spayed/Neutered:** Y / N

Date Spayed/Neutered: _____ **Veterinarian:** _____

Dog License: ☐ Already in System ☐ New Dog

Payment for Dog License: ☐ Cash (Exact Change) ☐ Check (Check # _____) Amount: _____

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