

Republic of the Philippines
Province of Quezon
City of Tayabas
OFFICE OF THE CITY VETERINARIAN

OCV Form#1

REGISTRATION AND RABIES VACCINATION CERTIFICATE

REGISTRATION/VACCINATION CERTIFICATE# _____ REGISTRATION TAG# _____ O.R. # _____
OWNER'S NAME: _____
ADDRESS: _____
PET'S NAME: _____ BREED: _____ COLOR/MARKINGS: _____
SPECIES: dog () cat () others () specify _____ SEX: male () female () AGE: _____
DATE REGISTERED: _____ REGISTRATION EXPIRES ON: _____
VACCINE: Commercial Name/Manufacturer _____ Serial/Lot # _____
DATE VACCINATED: _____ VACCINATION EXPIRES ON: _____
INOCULATION DONE BY: Office of the City Veterinarian of Tayabas () Private Veterinarian () Others ()
If done by another veterinarian or group prior to registration, specify the name of veterinarian or group,
PRC license, and address _____

Support the **RABIES ERADICATION PROGRAM** of the
CITY GOVERNMENT OF TAYABAS
Be a responsible pet owner for **RABIES FREE – TAYABAS!**

ISAGANI C. REQUIZO D.V.M.
City Veterinarian
PRC Lic. #3661

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