

SOUTH HERO 2025 RABIES CLINIC

PREREGISTRATION FORM

**To Benefit the South Hero Volunteer Fire Department and
South Hero Rescue**

WHEN: SUNDAY, MARCH 16, 2025

TIME: 12- 2 PM

WHERE: South Hero Fire and Rescue Dept.

Please complete this form, send with payment to SHVFD AUX, PO Box 62, South Hero, VT 05486 ATT: Rabies Clinic , OR drop off at South Hero Town Hall along with payment of \$20. One form per animal.

Owner's Name _____

Address _____

Phone Number _____

Species: Dog Cat (Circle One)

Sex: Male Female Neutered/Spayed YES NO

Age: 3 mo-12 mo. 12 mo. or older (Circle One)

Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. (Circle One)

Breed _____

Name _____

Color _____

DATE OF LAST RABIES VACCINATION _____ **Bring proof**
of previous rabies vaccination to clinic - IMPORTANT