

Township of Hillsborough

379 SOUTH BRANCH ROAD
HILLSBOROUGH, NJ 08844
(908) 369-4313
www.hillsborough-nj.org

HILLSBOROUGH TOWNSHIP RABIES VACCINATION CLINIC REGISTRATION

Owner's Name: _____
(First) (Last)

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

VETERINARIAN VACCINATING ANIMALS AT THIS CLINIC:

Dr.Charles Schwirck
NJ License #: 2323
Address: Sourland Pet Health

Dr. Robert L. Harris DVM
NJ License #: 29V100163600

(To be completed by Clinic Personnel)

Hillsborough Township 2025 - Rabies Vaccination Clinic

IMRAB Serial # 18604

Date Vaccinated: 1/25/2025

Vaccination Expiration Date: 3 yr. - 1/25/2028 or 1yr. - 1/25/2026

Vaccination Tag # : _____

Township of Hillsborough

379 SOUTH BRANCH ROAD
HILLSBOROUGH, NJ 08844
(908) 369-4313
www.hillsborough-nj.org

HILLSBOROUGH TOWNSHIP RABIES VACCINATION CLINIC REGISTRATION

Owner's Name: _____
(First) (Last)

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

VETERINARIAN VACCINATING ANIMALS AT THIS CLINIC:

Dr.Charles Schwirck
NJ License #: 2323
Address: Sourland Pet Health

Dr. Robert L. Harris DVM
NJ License #: 29V100163600

(To be completed by Clinic Personnel)

Hillsborough Township 2025 - Rabies Vaccination Clinic

IMRAB Serial # 18604

Date Vaccinated: 1/25/2025

Vaccination Expiration Date: 3 yr. - 1/25/2028 or 1yr. - 1/25/2026

Vaccination Tag # : _____