

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

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APPEAL FROM ANDERSON COUNTY  
Court of General Session

RECEIVED

R. Scott Sprouse, Circuit Court Judge

JUL 31 2017

SC Court of Appeals

Appellate Case No. 2015-002459

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State of South Carolina,

Respondent,

v.

Debra Lynne Sheridan

Appellant.

---

**RECORD ON APPEAL  
VOLUME II**

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STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF ANDERSON )  
 )  
 )  
 )  
The State, )  
 )  
 )  
vs. )  
 )  
Debra Sheridan, )  
 )  
 )  
Defendant. )  
\_\_\_\_\_ )

IN THE MAGISTRATE COURT  
Warrant Number 2015A0410200410 – 425;  
2015A0410200312 to 409

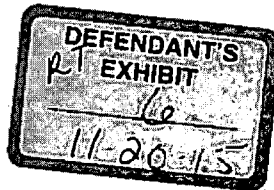
Exhibit Rabies certificate

The following are copies of rabies certificates obtained from the veterinarian in the above captioned matter.

  
Ivan Teney  
Attorney for the Defendant  
600 East Washington Street – Suite 616  
Greenville, SC 29601  
Ph: (864) 298-0071  
SC Bar # 2460

Monday, March 23, 2015  
Greenville, SC

FILED-CLERK'S OFFICE  
ANDERSON SC  
2015 NOV 23 AM 9:04  
COMMON PLEAS AND  
GENERAL SESSIONS



PM4:01:15  
MAR 23, '15

SUMMARY COURT

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number		
Owner's Name and Address				NASPHV Form #51		Rabies Tag Number	
PRINT - Last				First		M.I.	
GSR						217	
No.		Street		City		State	Zip
Species:	Sex:	Age:	Size:	Predominant Breed:		Colors:	
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	DLH		bl & w	
Cat <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			wh	
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age	Over 50 lbs. <input type="checkbox"/>	Name:			
		8 M	Actual ___ lbs.	Cookie			
DATE VACCINATED:		Producer:		Veterinarian's #		628	
2 23 13		PFI		(License No.)		Bob Moorhead	
Month Day Year		(First 3 letters)		(Signature)			
VACCINATION EXPIRED:		<input type="checkbox"/> 1 yr. Lic./Vacc.		Address:			
2 23 16		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.					
Month Day Year		Other					
		Vacc. Serial (lot) no.					

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE				Rabies Tag Number	
Owner's Name and Address					Print - use ball point pen or type		216
PRINT - Last			First	M.I.	Telephone		
No.		Street		City		State	Zip
Species:	Sex:	Age:	Size:	Predominant Breed:		Colors:	
Dog <input type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	D.L.H.		orange	
Cat <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name: Mr. Man			
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age 17	Over 50 lbs. <input type="checkbox"/>				
DATE VACCINATED:		Producer:		Veterinarian's: #			
2 23 13		P F I		628			
Month Day Year		(First 3 letters)		(License No.)			
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		Bob Moorhead			
2 23 16		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		(Signature)			
Month Day Year		Other _____		Address:			
		Vacc. Serial (lot) no. _____					

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address				NASPHV Form #51		202
PRINT - Last				First		Telephone
GSR						
No.	Street	City	State	Zip		
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	S-T	bl. & t	
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>		wh.	
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age	Over 50 lbs. <input type="checkbox"/>	Name:		
		2.4	Actual ___ lbs.	Bojangles		
DATE VACCINATED:		Producer:		Veterinarian's: #		
3 23 13		PFI		628		
Month Day Year		(First 3 letters)		(License No.)		
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)		
		<input type="checkbox"/> 3 yr. Lic./Vacc.		Bob Moorhead		
		Other		Address:		
Month Day Year		Vacc. Serial (lot) no.				

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			NASPHV Form #51	
Owner's Name and Address				Rabies Tag Number		
PRINT - Last <b>GSR</b>				<b>214</b>		
First		M.I.	Telephone			
No.	Street	City	State	Zip		
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	<b>Boxer X Terrier</b>		
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>		<b>brn &amp; wh</b>	
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age <u>2 1/2</u>	Over 50 lbs. <input type="checkbox"/>	Name: <b>Margo</b>	<b>WA</b>	
DATE VACCINATED:	Producer: <b>PFI</b> (First 3 letters)		Veterinarian's: # <b>628</b> (License No.)			
<u>2</u> / <u>23</u> / <u>13</u> Month Day Year	<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. Other _____		<b>Bob Moorhead</b> (Signature)			
VACCINATION EXPIRED:	Vacc. Serial (lot) no. _____		Address: _____			
<u>2</u> / <u>23</u> / <u>16</u> Month Day Year						

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE				NASPHV Form #51	
Owner's Name and Address						Rabies Tag Number	
PRINT - Last <u>GSR</u>						201	
First _____						M.I. _____	
No. _____		Street _____		City _____		State _____ Zip _____	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:		
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	<u>ocker</u>	<u>bl + w</u>		
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input checked="" type="checkbox"/>	Name: <u>Joe</u>	<u>wb</u>		
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age <u>2 y</u>	Over 50 lbs. <input type="checkbox"/>	Actual _____ lbs.			
DATE VACCINATED:		Producer: <u>PFI</u>		Veterinarian's: # <u>628</u>			
<u>2</u> / <u>23</u> / <u>13</u>		(First 3 letters)		(License No.)			
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		<u>Bob Moorhead</u>			
VACCINATION EXPIRED:		<input type="checkbox"/> 3 yr. Lic./Vacc.		(Signature)			
Month Day Year		Other _____		Address:			
		Vacc. Serial (lot) no. _____					

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			NASPHV Form #51	
Owner's Name and Address PRINT - Last <b>GSR</b>				First		Rabies Tag Number <b>213</b>
Street				M.I.	Telephone	
No.	City			State	Zip	
Species: Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Other: <input type="checkbox"/> (Specify)	Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Neutered <input checked="" type="checkbox"/>	Age: 3 mo to 12 mo <input type="checkbox"/> 12 mo or older <input type="checkbox"/> Actual Age <b>1 1/2 Y</b>	Size: Under 20 lbs. <input checked="" type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual ___ lbs.	Predominant Breed: <b>Chi.</b>	Colors: <b>red</b>	
DATE VACCINATED: <b>2 23 13</b> Month Day Year		Producer: <b>PFI</b> (First 3 letters) <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. Other _____		Veterinarian's #: <b>628</b> (License No.) <b>Bob Morshead</b> (Signature) Address: _____		
VACCINATION EXPIRES: <b>2 22 13</b> Month Day Year		Vacc. Serial (lot) no. _____				

VETERINARIAN'S COPY		<b>RABIES VACCINATION CERTIFICATE</b>				Rabies Tag Number				
Owner's Name and Address <small>Print - use ball point pen or type</small>					NASPHV Form #51					
PRINT - Last		First		M.I.	Telephone					
No.	Street		City		State	Zip				
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:					
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>		Black					
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input checked="" type="checkbox"/>		Brown					
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name:						
DATE VACCINATED:		Producer:		Veterinarian's: #						
<u>02/10/14</u>		<table border="1"> <tr> <td>Y</td> <td>P</td> <td>E</td> </tr> </table> <small>(First 3 letters)</small>		Y	P	E	<u>625</u> <small>(License No.)</small>			
Y	P	E								
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. _____ Other		<small>(Signature)</small> _____ Address:						
VACCINATION EXPIRED:		Vacc. Serial (lot) no.								
<u>03/26/15</u>										
Month Day Year										

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address				Print - use ball point pen or type		127
PRINT - Last		First		M.I.		Telephone
GSR						
No.	Street	City		State	Zip	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	DSH	Blue	
Cat <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>		white	
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name:		
			Actual _____ lbs.	GSR		
DATE VACCINATED:		Producer:		Veterinarian's: #		
1 10 13		[ ] [ ] [ ]		628		
Month Day Year		(First 3 letters)		(License No.)		
VACCINATION EXPIRED:		<input type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)		
1 10 16		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		Bob Henderson		
Month Day Year		Other		Address:		
		Vacc. Serial (lot) no.				

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address				Telephone		
PRINT - Last <u>GSK-</u>				Telephone <u>1262</u>		
No.		Street		City		
State		Zip				
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	<u>DSH</u>	<u>COLORED</u>	
Cat <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name: <u>Tom</u>		
DATE VACCINATED:		Producer: <u>PFE</u> (First 3 letters)		Veterinarian's: # <u>698</u> (License No.)		
<u>01 10 13</u> Month Day Year		<input type="checkbox"/> 1 yr. Lic./Vacc.		<u>Peter Woodcock</u> (Signature)		
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		Address:		
<u>1 10 16</u> Month Day Year		Other _____				
		Vacc. Serial (lot) no. _____				

VETERINARIAN'S COPY		<b>RABIES VACCINATION CERTIFICATE</b>			
Owner's Name and Address <span style="float: right;">NASPHV Form #51</span> PRINT - Last <u>GOR</u> First _____ M.I. _____ Telephone <u>179</u>					Rabies Tag Number <u>179</u>
No.	Street	City	State	Zip	
Species: Dog <input type="checkbox"/> Cat <input checked="" type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____ Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>	Age: 3 mo to 12 mo <input type="checkbox"/> 12 mo or older <input checked="" type="checkbox"/> Actual Age _____	Size: Under 20 lbs. <input checked="" type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual _____ lbs.	Predominant Breed: _____ Name: _____	Colors: _____ _____	
DATE VACCINATED: <u>1</u> / <u>10</u> / <u>12</u> Month Day Year	Producer: <u>PFI</u> (First 3 letters) <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. _____ Other	Veterinarian's # <u>1553</u> (License No.) <u>LEG [Signature]</u> (Signature) Address: _____			
VACCINATION EXPIRES: <u>1</u> / <u>10</u> / <u>15</u> Month Day Year	Vacc. Serial (lot) no. _____				

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address				NASPHV Form #51		128
PRINT - Last				First	M.I.	Telephone
No.		Street		City	State	Zip
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	DSDA	orange	
Cat <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name:		
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>			
DATE VACCINATED:		Producer:	Veterinarian's: #			
1 0 13		P E I	128			
Month Day Year		(First 3 letters)	(License No.)			
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.	(Signature)			
1 10 16		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.	FION MORRISON			
Month Day Year		Other _____	Address:			
		Vacc. Serial (lot) no. _____				

VETERINARIAN'S COPY

# RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Owner's Name and Address

Print - use ball point pen or type

Rabies Tag Number

PRINT - Last

First

M.I.

Telephone

No.

Street

City

State

Zip

Species:

Sex:

Age:

Size:

Predominant Breed:

Colors:

Dog

Male

3 mo to 12 mo

Under 20 lbs.

Maltipoo

White

Cat

Female

12 mo or older

20 - 50 lbs.

Name:

Other:

Neutered

Actual Age \_\_\_\_\_

Over 50 lbs.

fairbanks

(Specify)

Actual \_\_\_\_\_ lbs.

DATE VACCINATED:

10 4 13

Month Day Year

Producer:

P J T

(First 3 letters)

Veterinarian's #

620

(License No.)

Bob Moorhead

(Signature)

Address:

VACCINATION EXPIRES:

10 4 16

Month Day Year

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other \_\_\_\_\_

Vacc. Serial (lot) no. \_\_\_\_\_

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Gosh		NASPHV Form #51				
Owner's Name and Address				Telephone		
PRINT - Last				M.I.		
No.		Street		City		
				State		
				Zip		
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	Shi-Tzu	Brown	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name: Wilbur	Tan	
Other: <input type="checkbox"/> (Specify)	Neutered: <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Ragdoll		
DATE VACCINATED:		Producer: PFI		Veterinarian's: # 628		
10 22 13		(First 3 letters)		(License No.)		
Month Day Year				Bob Moorhead		
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)		
10 22 16		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		Address:		
Month Day Year		Other _____				
		Vacc. Serial (lot) no. _____				

VETERINARIAN'S COPY <b>RABIES VACCINATION CERTIFICATE</b>								
NASPHV Form #51					Rabies Tag Number			
Owner's Name and Address <b>Print - use ball point pen or type</b>					140			
PRINT - Last		First	M.I.	Telephone				
GSE								
No.	Street	City	State	Zip				
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:			
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>		White			
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>					
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name:				
			Actual _____ lbs.					
DATE VACCINATED:	Producer: <table border="1"><tr><td>P</td><td>E</td><td>I</td></tr></table> (First 3 letters)		P	E	I	Veterinarian's: # <u>628</u> (License No.)		
P	E	I						
<u>01</u> / <u>21</u> / <u>18</u> Month Day Year	<input type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. <input type="checkbox"/> Other		<u>Rob Macneod</u> (Signature)					
VACCINATION EXPIRED:	Vacc. Serial (lot) no. _____		Address:					
<u>12</u> / <u>18</u> Year								

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number		
<i>CSE</i> Owner's Name and Address		NASPHV Form #51 Print - use ball point pen or type			<i>46</i>		
PRINT - Last		First		M.I.	Telephone		
No.		Street		City		State	
Zip		Species:		Sex:		Age:	
Dog <input checked="" type="checkbox"/>		Male <input checked="" type="checkbox"/>		3 mo to 12 mo <input checked="" type="checkbox"/>		Under 20 lbs. <input type="checkbox"/>	
Cat <input type="checkbox"/>		Female <input type="checkbox"/>		12 mo or older <input type="checkbox"/>		20 - 50 lbs. <input checked="" type="checkbox"/>	
Other: <input type="checkbox"/> (Specify)		Neutered <input type="checkbox"/>		Actual Age _____		Over 50 lbs. <input type="checkbox"/>	
Actual _____ lbs.		Predominant Breed:		Colors:		_____	
_____		_____		_____		_____	
Name: <i>DUFFE</i>		_____		_____		_____	
DATE VACCINATED:		Producer:		Veterinarian's #		(License No.)	
<i>3 2 15</i> Month Day Year		<i>BE</i> (First 3 letters)		<i>628</i>		_____	
VACCINATION EXPIRES:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)		_____	
<i>3 2 16</i> Month Day Year		<input type="checkbox"/> 3 yr. Lic./Vacc.		<i>Bob Mourhead</i>		Address:	
_____		Other		<i>804 502 0222</i>		_____	
_____		Vacc. Serial (lot) no.		_____		_____	

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE		NASPHV Form #51	
Owner's Name and Address PRINT - Last <u>Sheridan</u> First <u>Debra</u> M.I.				Rabies Tag Number <u>077</u> Telephone	
No. _____ Street _____		City _____ State _____		Zip _____	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:
Dog <input type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	<u>Siamese X</u> Name: _____	<u>White</u> <u>Orange</u>
Cat <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>		
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/> Actual _____ lbs.		
DATE VACCINATED: <u>3 12 15</u> Month Day Year		Producer: <u>BE</u> (First 3 letters)		Veterinarian's: # <u>1028</u> (License No.)	
VACCINATION EXPIRED: <u>3 13 16</u> Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. _____ Other		<u>Bob Moorhead</u> (Signature) Address: _____	
		Vacc. Serial (lot) no. _____			

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			NASPHV Form #51	
Owner's Name and Address <i>GSR</i>				Rabies Tag Number <i>392</i>		
PRINT - Last <i>Sharda</i>			First <i>Debra</i>		M.I.	
No.		Street		City	State	
Zip		Species:		Sex:		
Dog <input checked="" type="checkbox"/>		Male <input checked="" type="checkbox"/>		Age:		
Cat <input type="checkbox"/>		Female <input type="checkbox"/>		3 mo to 12 mo <input type="checkbox"/>		
Other: <input type="checkbox"/> (Specify)		Neutered <input type="checkbox"/>		12 mo or older <input checked="" type="checkbox"/>		
Actual Age _____		Size:		Predominant Breed:		
Under 20 lbs. <input checked="" type="checkbox"/>		20 - 50 lbs. <input type="checkbox"/>		<i>Pure</i>		
Over 50 lbs. <input type="checkbox"/>		Actual _____ lbs.		Name: <i>HO-B</i>		
Colors:		Date Vaccinated:		Veterinarian's # <i>1228</i>		
<i>Blue</i>		<i>10 5 12</i>		(License No.)		
<i>White</i>		Month Day Year		Signature <i>Bob Magatad</i>		
Vaccination Expired:		Producer:		Address:		
<i>10 5 15</i>		<i>JRT</i>		<i>864 502 0222</i>		
Month Day Year		(First 3 letters)				
<input type="checkbox"/> 1 yr. Lic./Vacc.		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		Vacc. Serial (lot) no.		
<input type="checkbox"/> Other						

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE	
Owner's Name and Address PRINT - Last			NASPHV Form #51 Print - use ball point pen or type
Rabies Tag Number 204		Telephone	
No. Street		City	State Zip
Species:	Sex:	Age:	Size:
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>
		5 Y	Actual _____ lbs. 120
DATE VACCINATED: 2 23 13 Month Day Year		Producer: P F E (First 3 letters)	Predominant Breed: Mastiff Colors: 61.
VACCINATION EXPIRED: Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. Other _____	Name: Soliaith
		Vacc. Serial (lot) no. _____	Veterinarian's #: 628 (License No.) Bob Markhead (Signature)
			Address: _____

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			NASPHV Form #51	
Owner's Name and Address					Rabies Tag Number	
PRINT - Last <b>GSR</b>					215	
First			M.I.		Telephone	
No.	Street		City		State	Zip
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	<b>Coorgi</b>	<b>tan</b>	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name: <b>Bordi</b>		
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age: <b>1 1/2</b>	Over 50 lbs. <input type="checkbox"/>			
DATE VACCINATED:		Producer:		Veterinarian's #		
<b>2 23 13</b>		<b>PFI</b> (First 3 letters)		<b>628</b> (License No.)		
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./ Vacc.		Signature: <b>Bob Moorhead</b>		
VACCINATION EXPIRES:		<input type="checkbox"/> 3 yr. Lic./ Vacc.		Address:		
Month Day Year		Other				
		Vacc. Serial (lot) no.				

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE		NASPHV Form #51		Rabies Tag Number	
Owner's Name and Address				Print - use ball point pen or type		203	
PRINT - Last		65R		First		M.I.	
Telephone		No.		Street		City	
State		Zip		Species:		Sex:	
Dog <input checked="" type="checkbox"/>		Male <input checked="" type="checkbox"/>		Age:		3 mo to 12 mo <input type="checkbox"/>	
Cat <input type="checkbox"/>		Female <input type="checkbox"/>		12 mo or older <input type="checkbox"/>		Under 20 lbs. <input type="checkbox"/>	
Other: <input type="checkbox"/> (Specify)		Neutered <input type="checkbox"/>		Actual Age		20 - 50 lbs. <input checked="" type="checkbox"/>	
SY		Actual Age		Over 50 lbs. <input type="checkbox"/>		Predominant Breed:	
120		Actual lbs.		120		Mastiff	
Name:		Samson		Colors:		bl.	
DATE VACCINATED:		Producer:		Veterinarian's #		628	
2 23 13		PFI		(License No.)		Bob Moorhead	
Month Day Year		(First 3 letters)		(Signature)		Address:	
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		<input type="checkbox"/> 3 yr. Lic./Vacc.		Other	
Month Day Year		Vacc. Serial (lot) no.					

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE		NASPHV Form #51			
Owner's Name and Address <i>GSR</i>				Rabies Tag Number <i>2363</i>			
PRINT - Last <i>Sheridan</i>		First <i>Debra</i>		M.I.			
No.		Street		City			
State		State		Zip			
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:		
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	<i>Schoodle</i>	<i>Tri</i>		
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name: <i>WINNIE</i>			
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>				
DATE VACCINATED:		Producer:		Veterinarian's #			
<i>10 5 12</i>		<table border="1"><tr><td><i>B</i></td><td><i>I</i></td></tr></table>		<i>B</i>	<i>I</i>	<i>628</i>	
<i>B</i>	<i>I</i>						
Month Day Year		(First 3 letters)		(License No.)			
VACCINATION EXPIRED:		<input type="checkbox"/> 1 yr. Lic./Vacc.		<i>Bob Monahan</i>			
<i>10 5 15</i>		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		(Signature)			
Month Day Year		Other _____		Address:			
		Vacc. Serial (lot) no. _____		<i>864 500 0222</i>			

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			NASPHV Form #51	
Owner's Name and Address				Rabies Tag Number		
Print - use ball point pen or type				395		
PRINT - Last		First		M.I.	Telephone	
Golden S Rescue				919	413-0363	
No.	Street	City	State	Zip		
818 Hamlin Rd.		Coastal	S.C.			
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	Pom	Black	
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: <input type="checkbox"/>	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name:		
(Specify)			Actual _____ lbs.	Pearl		
DATE VACCINATED:		Producer:		Veterinarian's: #		
10 5 12		PFI		628		
Month Day Year		(First 3 letters)		(License No.)		
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)		
10 5 13		<input type="checkbox"/> 3 yr. Lic./Vacc.		Bob Moorhead		
Month Day Year		Other _____		Address:		
		Vacc. Serial (lot) no.		864 -		
				502-0222		

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
		NASPHV Form #51			394	
Owner's Name and Address				Print - use ball point pen or type		Telephone
PRINT - Last		First		M.I.	Telephone	
Sherride		Dishon				
No. Street		City		State		Zip
Species:	Sex:	Age:	Size:	Predominant Breed:		Colors:
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	Jennex K		Orange
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			Black
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name: Greba		
DATE VACCINATED:		Producer:		Veterinarian's #		
10 5 12		B I		1025		
Month Day Year		(First 3 letters)		(License No.)		
VACCINATION EXPIRES:		<input type="checkbox"/> 1 yr. Lic./Vacc.		Signature: Eric Montford		
10 5 15		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		Address: 864 502 0222		
Month Day Year		Other _____				
		Vacc. Serial (lot) no. _____				

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address PRINT - Last First M.I.				NASPHV Form #51 Print - use ball point pen or type		
				96		
No.		Street		City		State
						Zip
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	POMERANIAN	WHITE	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: (Specify) <input type="checkbox"/>	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>			
			Actual _____ lbs.	Name:		
				MCNEIL		
DATE VACCINATED:		Producer:		Veterinarian's: #		
3 16 15		B I		635		
Month Day Year		(First 3 letters)		(License No.)		
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature) Bob M. ...		
7 16 16		<input type="checkbox"/> 3 yr. Lic./Vacc.		Address:		
Month Day Year		Other _____		8645020277		
		Vacc. Serial (lot) no. _____				

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			NASPHV Form #51			
Owner's Name and Address				Rabies Tag Number				
PRINT - Last				247				
First		M.I.		Telephone				
No.		Street		City				
				State				
				Zip				
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:			
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input checked="" type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	DOG	BLACK BROWN			
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>					
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>					
			Actual _____ lbs.	Name:				
DATE VACCINATED:		Producer:		Veterinarian's #				
02 26 15		<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> (First 3 letters)					516 (License No.)	
Month Day Year		<input type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. _____ Other		(Signature) Address:				
VACCINATION EXPIRED:		Vacc. Serial (lot) no.						
03 26 16								
Month Day Year								

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE				NASPHV Form #51	
Owner's Name and Address PRINT - Last <u>CSR</u> First _____ M.I. _____					Rabies Tag Number <u>004</u>		
Telephone _____							
No. _____		Street _____		City _____		State _____	Zip _____
Species: Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>	Age: 3 mo to 12 mo <input checked="" type="checkbox"/> 12 mo or older <input type="checkbox"/> Actual Age <u>4-5</u> months	Size: Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input checked="" type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual _____ lbs.	Predominant Breed: <u>Boxer</u> Name: <u>Toby</u>		Colors: <u>Classic</u> <u>Fawn</u>	
DATE VACCINATED: <u>1 5 15</u> Month Day Year		Producer: <u>BE</u> (First 3 letters)		Veterinarian's # <u>128</u> (License No.)			
VACCINATION EXPIRED: <u>1 5 16</u> Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. _____ Other		(Signature) <u>Bob Moorhead</u>			
		Vacc. Serial (lot) no. _____		Address: <u>864 502 0222</u>			

VETERINARIAN'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address		NASPHV Form #51			Telephone	
PRINT - Last		First			M.I.	
Sheridan		Debra				
No.	Street	City	State	Zip		
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	Dog	Brown	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input checked="" type="checkbox"/>		Black	
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age <u>2 yrs</u>	Over 50 lbs. <input type="checkbox"/>	Name:		
DATE VACCINATED:		Producer:	Veterinarian's #			
<u>10</u> / <u>17</u> / <u>12</u>		<u>P S I</u>	<u>628</u>			
Month Day Year		(First 3 letters)	(License No.)			
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.	(Signature)			
<u>10</u> / <u>17</u> / <u>15</u>		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.	<u>Bob Moorhead</u>			
Month Day Year		Other	Address:			
		Vacc. Serial (lot) no.	<u>502-0322</u>			

AGENCY COPY

# RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Owner's Name and Address

Print - use ball point pen or type

Rabies Tag Number

195

PRINT - Last

GSR

First

M.I.

Telephone

No.

Street

City

State

Zip

Species:

Sex:

Age:

Size:

Predominant Breed:

Colors:

Dog

Male

3 mo to 12 mo

Under 20 lbs.

Beach

Bl. Hair

Cat

Female

12 mo or older

20 - 50 lbs.

Name: Margo

tan

Other

Neutered

Actual Age: 1 1/2 y

Over 50 lbs.

Actual lbs.

DATE VACCINATED:

2 22 11 3

Month Day Year

VACCINATION EXPIRES:

Month Day Year

Producer:

P F I

(First 3 letters)

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other

Vacc. Serial (lot) no.

Veterinarian's #

628

(License No.)

(Signature)

Address:

502-0222

AGENCY COPY		RABIES VACCINATION CERTIFICATE				Rabies Tag Number
Owner's Name and Address		NASPHV Form #51 Print - use ball point pen or type			9192	
PRINT - Last	First	M.I.	Telephone			
GSR						
No.	Street	City	State	Zip		
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input checked="" type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	Chi	br. & wh.	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age	Over 50 lbs. <input type="checkbox"/>	Name		
		1 1/2 y	Actual ___ lbs	Bobo		
DATE VACCINATED:	Producer:	PFI (First 3 letters)		Veterinarian's #	628	
2 22 13	<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.			Bob Moorhead	(License No.)	
Month Day Year	<input type="checkbox"/> 3 yr. Lic./Vacc.			(Signature)		
VACCINATION EXPIRED:	Other			Address		
Month Day Year	Vacc. Serial (lot) no:			502-0222		

AGENCY COPY		RABIES VACCINATION CERTIFICATE				NASPHV Form #51	
Owner's Name and Address PRINT - Last <u>GSR</u> First _____ M.I. _____					Rabies Tag Number <u>157</u>		
Telephone _____					State _____ Zip _____		
Species:		Sex:		Age:		Size:	
Dog <input checked="" type="checkbox"/>		Male <input checked="" type="checkbox"/>		3 mo. to 12 mo. <input checked="" type="checkbox"/>		Under 20 lbs. <input checked="" type="checkbox"/>	
Cat <input type="checkbox"/>		Female <input type="checkbox"/>		12 mo. or older <input type="checkbox"/>		20 - 50 lbs. <input type="checkbox"/>	
Other <input type="checkbox"/> (Specify)		Neutered <input checked="" type="checkbox"/>		Actual Age _____		Over 50 lbs. <input type="checkbox"/>	
				Actual _____ lbs.		Actual _____ lbs.	
Predominant Breed:				Colors:			
<u>Greyhound mix</u>				<u>Black</u>			
Name:							
DATE VACCINATED:		Producer:		Veterinarian's # <u>628</u>			
<u>02 21 13</u>		<u>P F I</u>		(License No.)			
Month Day Year		(First 3 letters)		<u>Bob Moorhead</u>			
		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)			
		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		Address:			
		Other _____					
VACCINATION EXPIRED:		Vacc. Serial (lot) no. _____					
<u>02 21 14</u>							
Month Day Year							

AGENCY COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address				NAPHV Form #51		196
PRINT - Last				First	M.I.	Telephone
GSR						
No.	Street	City		State	Zip	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	Boxer X	Fawn & white	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age	Over 50 lbs. <input type="checkbox"/>	Name:		
		5 Y	Actual 75 lbs.	Buster Brown		
DATE VACCINATED:	Producer:		Veterinarian's #:		628	
2 23 13	PFI (First 3 letters)		Bob Moorhead		(License No.)	
Month Day Year	<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)			
VACCINATION EXPIRES:	<input type="checkbox"/> 3 yr. Lic./Vacc.		Address:			
Month Day Year	Other					
	Vacc. Serial (lot) no.					

AGENCY COPY		<b>RABIES VACCINATION CERTIFICATE</b>			
Owner's Name and Address <small>Print - use ball point pen or type</small>					Rabies Tag Number <b>189</b>
PRINT - Last		First		M.I. Telephone	
No. Street		City		State Zip	
Species: Dog <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/> Neutered <input checked="" type="checkbox"/> (Specify)	Sex:	Age: 3 mo to 12 mo <input type="checkbox"/> 12 mo or older <input checked="" type="checkbox"/> Actual Age _____	Size: Under 20 lbs. <input checked="" type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual _____ lbs.	Predominant Breed: <b>Chi</b>	Colors: <b>Black</b> <b>White</b>
DATE VACCINATED: <b>02 22 13</b> Month Day Year		Producer: <b>P F I</b> <small>(First 3 letters)</small>		Veterinarian's #: <b>628</b> <small>(License No.)</small>	
VACCINATION EXPIRED: <b>02 22 14</b> Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. Other _____		(Signature): <b>Bob Moorhead</b> Address:	
Vacc. Serial (lot) no.					

AGENCY COPY		<b>RABIES VACCINATION CERTIFICATE</b>			
Owner's Name and Address: <b>PRINT - Last</b> <u>CRIP</u> <b>First</b> _____ <b>M.I.</b> _____ <b>Telephone</b> _____ <small>NASPHV Form #51 Print - use ball point pen or type</small>					<b>Rabies Tag Number</b> <u>180</u>
<b>No.</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Species:</b> Dog <input checked="" type="checkbox"/> <b>Sex:</b> Male <input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/> Neutered <input checked="" type="checkbox"/> <small>(Specify)</small>	<b>Age:</b> 3 mo to 12 mo <input type="checkbox"/> 12 mo or older <input checked="" type="checkbox"/> Actual Age _____	<b>Size:</b> Under 20 lbs. <input checked="" type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual _____ lbs.	<b>Predominant Breed:</b> <u>DSH</u> <b>Name:</b> <u>Magic</u>	<b>Colors:</b> <u>White</u>	
<b>DATE VACCINATED:</b> <u>02 21 13</u> Month Day Year  <b>VACCINATION EXPIRED:</b> <u>02 21 14</u> Month Day Year	<b>Producer:</b> <u>PFI</u> <small>(First 3 letters)</small> <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. Other _____  <b>Vacc. Serial (lot) no:</b> _____	<b>Veterinarian's #:</b> <u>628</u> <small>(License No.)</small> <u>Bob Moorhead</u> <small>(Signature)</small> <b>Address:</b> _____			

AGENCY COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
Owner's Name and Address				Telephone		
PRINT - Last <b>GSR</b>				M.I.		
No.		Street		City		
State		Zip				
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input checked="" type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	Boston Terrier	White	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age	Over 50 lbs. <input type="checkbox"/>	Name		
		5 1/2 Y	Actual 15 lbs.	Shirley		
DATE VACCINATED:		Producer:		Veterinarian's #		
2 22 13		P F I		628		
Month Day Year		(First 3 letters)		(License No.)		
VACCINATION EXPIRES:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. Other:		Signature: <i>Prof. Moorhead</i> Address:		
Month Day Year		Vacc. Serial (lot) no.		502-0222		

AGENCY COPY		RABIES VACCINATION CERTIFICATE				Rabies Tag Number	
Owner's Name and Address: <b>Print - use ball point pen or type.</b>					NASPHV Form #51		
PRINT Last: <b>GSA</b>		First:		M.I.:	Telephone:		
No.:	Street:	City:		State:	Zip:		
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:		
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	<i>Ci</i>	<i>tan</i>		
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>		<i>white</i>		
Other: (Specify) <input type="checkbox"/>	Neutered <input type="checkbox"/>	Actual Age: <i>1 1/2 Y</i>	Over 50 lbs. <input type="checkbox"/>	Name: <i>Dean</i>			
DATE VACCINATED: <i>2 22 13</i>		Producer: <b>PFI</b> (First 3 letters)		Veterinarian's #: <i>628</i>			
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		[License No.]			
VACCINATION EXPIRED:		<input type="checkbox"/> 3 yr. Lic./Vacc.		Signature: <i>Bob Noles</i>			
Month Day Year		Other		Address:			
Month Day Year		Vacc. Serial (lot) no.:		<i>502-0222</i>			

AGENCY COPY		RABIES VACCINATION CERTIFICATE		Rabies Tag Number	
Owner's Name and Address			Print - use ball point pen or type		188
PRINT - Last		First	M.I.	Telephone	
No.		Street	City	State	Zip
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input checked="" type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	Greyhound	Brown
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	DMX	
Other <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name:	
			Actual _____ lbs.	Jiggers	
DATE VACCINATED:		Producer:	Veterinarian's #		
02 21 13		PFI	628		
Month Day Year		(First 3 letters)	(License No.)		
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.	Signature:		
02 21 14		<input type="checkbox"/> 3 yr. Lic./Vacc.	Bob Moohead		
Month Day Year		Other _____	Address:		
		Vacc. Serial (lot) no. _____			

AGENCY COPY		RABIES VACCINATION CERTIFICATE				Rabies Tag Number	
Owner's Name and Address					Rabies Tag Number		
PRINT - Last: <b>65R</b>					193		
First					Telephone		
No.		Street		City		State	Zip
Species:	Sex:	Age:	Size:	Predominant Breed:		Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input checked="" type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	D. Greyhound mix		Trindle	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name: <b>Charlie</b>		Black	
Other: <input type="checkbox"/>	Neutered <input checked="" type="checkbox"/>	Actual Age: <b>1 1/2 y</b>	Over 50 lbs. <input type="checkbox"/>	Actual lbs.:			
DATE VACCINATED:		Producer:		Veterinarian's #:			
2 22 13		P F I		628			
Month Day Year		(First 3 letters)		(License No.)			
VACCINATION EXPIRES:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. <input type="checkbox"/> Other		(Signature) <b>Bob Morland</b> Address:			
Month Day Year		Vacc. Serial (lot) no.		502-0222			

AGENCY COPY		<b>RABIES VACCINATION CERTIFICATE</b>				Rabies Tag Number	
Owner's Name and Address: <b>PRINT - Last</b> <u>GSA</u> <b>First</b> _____ <b>M.I.</b> _____					NASPHV Form #51 <b>Print - use ball point pen or type</b>		<u>190</u>
No. _____		Street _____		City _____	State _____	Zip _____	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:		
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input checked="" type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	<u>Chi</u>	<u>bl. &amp; wh.</u>		
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name: <u>Ripito</u>			
Other (Specify) <input type="checkbox"/>	Neutered <input checked="" type="checkbox"/>	Actual Age <u>3Y</u>	Over 50 lbs. <input type="checkbox"/>				
DATE VACCINATED: <u>2 22 13</u>		Producer: <u>PFI</u> (First 3 letters)		Veterinarian's #: <u>628</u> (License No.)			
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. Other _____		<u>Bob Moorhead</u> (Signature)			
VACCINATION EXPIRED:		Vacc. Serial (lot) no _____		Address: _____			
Month Day Year				<u>502-0222</u>			

AGENCY COPY		RABIES VACCINATION CERTIFICATE		Rabies Tag Number	
Owner's Name and Address: <b>PRINT - Last</b> Sierra <b>First</b> Jarrette <b>M.I.</b>				Telephone: 633 9483	
No. _____ Street _____ City _____ State _____ Zip _____					
Species: Dog <input type="checkbox"/> Cat <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Neutered <input checked="" type="checkbox"/>	Age: 3 mo to 12 mo <input type="checkbox"/> 12 mo or older <input checked="" type="checkbox"/> Actual Age _____	Size: Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input checked="" type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual _____ lbs.	Predominant Breed: DSH	Colors: Orange
DATE VACCINATED: 02 21 13 Month Day Year		Producer: P F I (First 3 letters)		Veterinarian's #: 628 (License No.) Bob Marshall (Signature)	
VACCINATION EXPIRED: 02 21 14 Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. Other _____		Address: _____	
Vacc. Serial (lot) no. _____					

AGENCY COPY

## RABIES VACCINATION CERTIFICATE

*NASPHV Form #51*

Owner's Name and Address Rabies Tag Number  
 PRINT - Last GOR First \_\_\_\_\_ M.I. \_\_\_\_\_ Telephone 248

No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	<u>Mix</u>	<u>Black</u>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input checked="" type="checkbox"/>		<u>Brown</u>
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name: _____	
		Actual _____ lbs.	Actual _____ lbs.		

DATE VACCINATED: <u>03 26 13</u> Month Day Year	Producer: <span style="border: 1px solid black; padding: 2px;">P F 11</span> (First 3 letters)	Veterinarian's # <u>628</u> (License No.) <u>Red. Mores - Mend</u> (Signature)
VACCINATION EXPIRED: <u>03 26 14</u> Month Day Year	<input type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. <input type="checkbox"/> Other	Address: _____ _____ _____
Vacc. Serial (lot) no. _____		

AGENCY COPY		RABIES VACCINATION CERTIFICATE				Rabies Tag Number	
Owner's Name and Address: <b>PRINT - use ball-point pen or type</b>					NASPHV Form #51		
PRINT - Last		First		M.I.	Telephone		
GSR					200		
No.		Street		City	State	Zip	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:		
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	Collie X	TAN		
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input checked="" type="checkbox"/>		WHT		
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age:	Over 50 lbs. <input type="checkbox"/>	Name:			
		1 Y	Actual lbs. 25	Monster			
DATE VACCINATED:		Producer:		Veterinarian's #			
2 23 13		P F I (First 3 letters)		628			
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(License No.)			
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.		Bob Morkland			
Month Day Year		Other		(Signature)			
		Vacc. Serial (lot) no.		Address:			

AGENCY COPY

### RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Owner's Name and Address

Print - use ball point pen or type

Rabies Tag Number

184

PRINT - Last

First

M.I.

Telephone

GSR

No.

Street

City

State

Zip

Species:

Sex:

Age:

Size:

Predominant Breed:

Colors:

Dog

Male

3 mo to 12 mo

Under 20 lbs.

Doll

white

Cat

Female

12 mo or older

20 - 50 lbs.

Other

Neutered

Actual Age

Over 50 lbs.

(Specify)

Actual lbs

Name: Snow White

DATE VACCINATED:

Producer:

Veterinarian's #

(License No.)

02 21 15

(First 3 letters)

628

Month Day Year

1 yr. Lic./Vacc.

Bob Moorhead

VACCINATION EXPIRED:

3 yr. Lic./Vacc.

(Signature)

02 21 14

Other

Address:

Month Day Year

Vacc. Serial (lot) no.

AGENCY COPY		RABIES VACCINATION CERTIFICATE				Rabies Tag Number
Owner's Name and Address					Telephone	
PRINT - Last		First		M.I.	Telephone	
No.		Street		City	State	Zip
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input checked="" type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	DON	orange	
Cat <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name:		
			Actual _____ lbs.	Shosh		
DATE VACCINATED:		Producer:		Veterinarian's #		
02 21 13		P F I		628		
Month Day Year		(First 3 letters)		(License No.)		
VACCINATION EXPIRES:		<input type="checkbox"/> 1 yr. Lic./Vacc.		Signature:		
02 21 14		<input type="checkbox"/> 3 yr. Lic./Vacc.		Bob Moorhead		
Month Day Year		Other _____		Address:		
		Vacc. Serial (lot) no. _____				

AGENCY COPY		RABIES VACCINATION CERTIFICATE				NASPHV Form #51	
Owner's Name and Address						Rabies Tag Number	
PRINT: Last <u>GSR</u> First _____ M.I. _____						18	
Telephone _____							
No. _____		Street _____		City _____		State _____ Zip _____	
Species:		Sex:		Age:		Size:	
Dog <input type="checkbox"/>		Male <input type="checkbox"/>		3 mo. to 12 mo. <input type="checkbox"/>		Under 20 lbs. <input checked="" type="checkbox"/>	
Cat <input checked="" type="checkbox"/>		Female <input type="checkbox"/>		12 mo. or older <input checked="" type="checkbox"/>		20 - 50 lbs. <input type="checkbox"/>	
Other: <input type="checkbox"/> (Specify) _____		Neutered: <input type="checkbox"/>		Actual Age _____		Over 50 lbs. <input type="checkbox"/>	
				Actual _____ lbs.		Actual _____ lbs.	
Predominant Breed:				Colors:			
DLH				MIX			
Name:				Queeny			
DATE VACCINATED:		Producer:		Veterinarian's #:		628	
02 21 13		D F I		(License No.)			
Month Day Year		(First 3 letters)		Bob Moorhead		(Signature)	
VACCINATION EXPIRES:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		Address:			
02 21 14		<input type="checkbox"/> 3 yr. Lic./Vacc.					
Month Day Year		Other _____					
		Vacc. Serial (lot) no. _____					

AGENCY COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number		
Owner's Name and Address:		N.A.S.P.H.V. Form #51 Print - use ball point pen or type			185		
PRINT - Last		First		M.I.		Telephone	
No.		Street		City		State	
Zip		Species:		Sex:		Age:	
Dog <input type="checkbox"/>		Male <input checked="" type="checkbox"/>		3 mo to 12 mo <input checked="" type="checkbox"/>		Under 20 lbs. <input checked="" type="checkbox"/>	
Cat <input checked="" type="checkbox"/>		Female <input type="checkbox"/>		12 mo or older <input type="checkbox"/>		20 - 50 lbs. <input type="checkbox"/>	
Other <input type="checkbox"/> (Specify)		Neutered <input type="checkbox"/>		Actual Age		Over 50 lbs. <input type="checkbox"/>	
Actual lbs.		Predominant Breed:		Colors:		Name:	
		DEH		Gray		MICO	
DATE VACCINATED:		Producer:		Veterinarian's #		License No.	
6 2 1 1 3		P E I (First 3 letters)		628		Bob Moorhead	
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		(Signature)		Address:	
VACCINATION EXPIRES:		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.					
7 2 1 1 4		Other					
Month Day Year		Vacc. Serial (lot) no.					

AGENCY COPY		<b>RABIES VACCINATION CERTIFICATE</b>			
Owner's Name and Address <b>PRINT - Last</b> <u>GSR</u> <b>First</b> _____ <b>M.I.</b> _____					Rabies Tag Number <u>255</u>
Telephone _____					
No. _____	Street _____	City _____	State _____	Zip _____	
Species: Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>	Age: 3 mo to 12 mo <input checked="" type="checkbox"/> 12 mo or older <input type="checkbox"/> Actual Age _____	Size: Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input checked="" type="checkbox"/> Actual _____ lbs.	Predominant Breed <u>Labrador</u>	Colors: <u>Brown</u>
DATE VACCINATED: <u>4 5 13</u> Month Day Year	Producer: <u>P E T</u> (First 3 letters)	Veterinarian's # <u>628</u> (License No.)	Name: <u>Willy</u>		
VACCINATION EXPIRED: <u>4 5 16</u> Month Day Year	<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. Other _____	Signature: <u>Bob Moorhead</u>			
Vacc. Serial (lot) no. _____		Address: _____			

AGENCY COPY <b>RABIES VACCINATION CERTIFICATE</b>						Rabies Tag Number
Owner's Name and Address <b>GSR</b>					Telephone: <b>000</b>	
PRINT - Last			First	M.I.	State	
No.	Street		City	State		Zip
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo. to 12 mo. <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	<b>Pug</b>	<b>Black</b>	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo. or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name:		
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	<b>Cooper</b>		
DATE VACCINATED:		Producer:	Veterinarian's #			
<b>12 06 14</b>		<b>P F I</b>	<b>628</b>			
Month Day Year		(First 3 letters)	(License No.)			
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.	(Signature)			
<b>12 06 15</b>		<input type="checkbox"/> 3 yr. Lic./Vacc.	<b>Bob Moorhead</b>			
Month Day Year		Other _____	Address:			
		Vacc. Serial (lot) no. _____				

AGENCY COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number		
Owner's Name and Address: <b>PRINT - use ball point pen or type</b>				NASPHV Form #51		47	
PRINT - Last <b>GSR</b>		First		M.I.		Telephone	
No.		Street		City		State	
No.		Street		City		State	
Species: <input checked="" type="checkbox"/> Dog		Sex: <input checked="" type="checkbox"/> Male		Age: <input type="checkbox"/> 3 mo to 12 mo		Size: <input checked="" type="checkbox"/> Under 20 lbs.	
<input type="checkbox"/> Cat		<input checked="" type="checkbox"/> Female		<input checked="" type="checkbox"/> 12 mo or older		<input type="checkbox"/> 20 - 50 lbs.	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Neutered		Actual Age _____		<input type="checkbox"/> Over 50 lbs.	
				Actual _____ lbs.		Predominant Breed: <b>Boston Terrier</b>	
				Name: <b>JONI</b>		Colors: <b>BLACK</b>	
						<b>White</b>	
DATE VACCINATED:		Producer: <b>BI</b>		Veterinarian's #: <b>628</b>		(License No.)	
: <b>1 17 14</b>		(First 3 letters)		<b>Bon Mosshead</b>		(Signature)	
Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.		Address:			
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.					
: <b>1 17 15</b>		Other: _____					
Month Day Year		Vacc. Serial (lot) no. _____					
						<b>502-0222</b>	

<small>AGENCY COPY</small> <b>RABIES VACCINATION CERTIFICATE</b> <small>NASPHV Form #51</small>						Rabies Tag Number
Owner's Name and Address					Telephone	
PRINT - Last		First		M.I.		391
No.	Street		City	State	Zip	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	Shar Pei/ Lab	Tan	
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age	Over 50 lbs. <input type="checkbox"/>	Name: Rocky		
DATE VACCINATED:		Producer:		Veterinarian's #		
11 25 14 Month Day Year		BI (First 3 letters)		628 (License No.)		
VACCINATION EXPIRES:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. <input checked="" type="checkbox"/> Other		(Signature) Bob Montread Address: 864 502 0222		
11 25 17 Month Day Year		Vacc. Serial (lot) no.				

OWNER'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number		
		NASPHV Form #51			324		
Owner's Name and Address		Print - use ball point pen or type			Telephone		
PRINT - Last		First			M.I.		
Shurda		Deban					
No. Street		City			State Zip		
Species:		Sex:		Age:		Size:	
Dog <input checked="" type="checkbox"/>		Male <input type="checkbox"/>		3 mo to 12 mo <input type="checkbox"/>		Under 20 lbs. <input type="checkbox"/>	
Cat <input type="checkbox"/>		Female <input checked="" type="checkbox"/>		12 mo or older <input type="checkbox"/>		20 - 50 lbs. <input type="checkbox"/>	
Other: <input type="checkbox"/> (Specify)		Neutered <input checked="" type="checkbox"/>		Actual Age _____		Over 50 lbs. <input type="checkbox"/>	
				Actual _____ lbs.		Actual _____ lbs.	
				Predominant Breed:		Colors:	
				Jornix X		Orange	
				Name: Geerba		White	
DATE VACCINATED:		Producer:		Veterinarian's #			
10 5 12		BT (First 3 letters)		628 (License No.)			
Month Day Year				Signature: Bob Plunkard			
VACCINATION EXPIRED:		<input type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. _____ Other		Address:			
10 5 15				864 502 0222			
Month Day Year		Vacc. Serial (lot) no.					

OWNER'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number			
Owner's Name and Address <u>CSR</u>		NASPHV Form #51 Print - use ball point pen or type			<u>627</u>			
PRINT - Last		First		M.I.	Telephone			
No.	Street		City		State	Zip		
Species: Dog <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/> Neutered <input type="checkbox"/> (Specify)	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>	Age: 3 mo to 12 mo <input checked="" type="checkbox"/> 12 mo or older <input type="checkbox"/> Actual Age _____	Size: Under 20 lbs. <input checked="" type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual _____ lbs.	Predominant Breed: <u>Boss a Don</u>		Colors: <u>Blue</u> <u>white</u>		
DATE VACCINATED: <u>1</u> <u>20</u> <u>16</u> Month Day Year		Producer: <table border="1" style="display: inline-table;"><tr><td><u>B</u></td><td><u>F</u></td></tr></table> (First 3 letters)		<u>B</u>	<u>F</u>	Veterinarian's: # <u>628</u> (License No.)		
<u>B</u>	<u>F</u>							
VACCINATION EXPIRES: <u>1</u> <u>20</u> <u>16</u> Month Day Year		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc. <input type="checkbox"/> 3 yr. Lic./Vacc. _____ Other		(Signature) <u>Bob Moorhead</u>				
		Vacc. Serial (lot) no. _____		Address: <u>864 502 0222</u>				

OWNER'S COPY		RABIES VACCINATION CERTIFICATE		NASPHV Form #51	
Owner's Name and Address				Rabies Tag Number	
PRINT - Last <u>GSR</u>				392	
PRINT - First <u>Sherrida</u>				Telephone	
No. <u>Debu</u>				M.I.	
Street				City	
				State	
				Zip	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:
Dog <input checked="" type="checkbox"/>	Male <input checked="" type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input checked="" type="checkbox"/>	<u>Porc</u>	<u>Blue</u>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>		<u>White</u>
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name: <u>KO-B</u>	
DATE VACCINATED:		Producer:	Veterinarian's: # <u>628</u>		
<u>10 5 12</u>		<u>BT</u>	(License No.)		
Month Day Year		(First 3 letters)	<u>Bob Moorhead</u>		
VACCINATION EXPIRED:		<input type="checkbox"/> 1 yr. Lic./Vacc.	(Signature)		
<u>10 6 15</u>		<input checked="" type="checkbox"/> 3 yr. Lic./Vacc.	<u>864 802 0222</u>		
Month Day Year		Other _____	Address:		
		Vacc. Serial (lot) no. _____			

OWNER'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
GSR Owner's Name and Address		NASPHV Form #51 Print - use ball point pen or type			2342	
PRINT - Last Sheidan		First Debra	M.I.	Telephone		
No. Street		City		State	Zip	
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	Schoedle	Tri.	
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input checked="" type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>	Name: Winnie		
Other: <input type="checkbox"/> (Specify)	Neutered <input checked="" type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>			
Actual _____ lbs.						
DATE VACCINATED: 10 5 13 Month Day Year		Producer: BI (First 3 letters)		Veterinarian's: # 628 (License No.)		
VACCINATION EXPIRED: 10 5 15 Month Day Year		<input type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. Other _____		Bob Moorhead (Signature)		
		Vacc. Serial (lot) no. _____		Address: 864 502 0222		

2.1.7

OWNER'S COPY		RABIES VACCINATION CERTIFICATE			Rabies Tag Number	
		NASPHV Form #51			96	
Owner's Name and Address		Print - use ball point pen or type			Telephone	
PRINT - Last		First	M.I.			
No.	Street	City	State	Zip		
Species:	Sex:	Age:	Size:	Predominant Breed:	Colors:	
Dog <input checked="" type="checkbox"/>	Male <input type="checkbox"/>	3 mo to 12 mo <input type="checkbox"/>	Under 20 lbs. <input type="checkbox"/>	<u>Cattle Dog</u>	<u>White</u>	
Cat <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	12 mo or older <input type="checkbox"/>	20 - 50 lbs. <input type="checkbox"/>			
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age _____	Over 50 lbs. <input type="checkbox"/>	Name: <u>Crystal</u>		
DATE VACCINATED:		Producer:	Veterinarian's: #		(License No.)	
<u>3 16 15</u>		<u>BI</u>	<u>625</u>			
Month Day Year		(First 3 letters)	(Signature)			
VACCINATION EXPIRED:		<input checked="" type="checkbox"/> 1 yr. Lic./Vacc.	Address:			
<u>7 16 14</u>		<input type="checkbox"/> 3 yr. Lic./Vacc.	<u>8645020227</u>			
Month Day Year		Other _____				
		Vacc. Serial (lot) no. _____				

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

COUNTY OF ANDERSON  
STATE VS.

INDICTMENT/CASE#: 2015GSC401175  
A/W: 2015A0410200310  
Date of Offense: 03/18/2015  
S.C. Code §: 44-53-375(A)  
CDR Code #: 3009

DEBRA LYNNE SHERIDAN  
AKA:  
Race: White Sex: F Age: 49  
DOB: DOB 1965 SS#: SS#  
Address: 818 Hamlin Rd  
City, State, Zip: Easley, SC 29642-7908  
DL# DL# SID# SID#

SENTENCE SHEET



\*CDL Yes  No  CMV Yes  No  Hazmat Yes  No   
In disposition of the said indictment comes now the Defendant who was  
TO: Poss Meth/Crack 1st

CONVICTED OF or  PLEADS

In violation of § 44-53-375(A) of the S.C. Code of Laws, bearing CDR Code # 3009

NON-VIOLENT  VIOLENT  SERIOUS  MOST SERIOUS  Mandatory GPS  §17-25-45  
(CSC w/minor 1<sup>st</sup> or Lewd Act)

The charge is:  As indicted,  Lesser Included Offense,  Defendant Waives Presentment to Grand Jury, (def.'s initials)  
The plea is:  Without Negotiations or Recommendation,  Negotiated Sentence,  Recommendation by the State.

ATTEST:  
Austin McClain, Assistant Solicitor 100692 SC Bar # Defendant Attorney for Defendant 2460 SC Bar #

WHEREFORE, the Defendant is committed to the  State Department of Corrections  County Detention Center,  
for a determinate term of 3 days/months/years or  under the Youthful Offender Act not to exceed \_\_\_\_\_ years  
and/or to pay a fine of \$ \_\_\_\_\_; provided that upon the service of 3 days/months/years and or payment  
of \$ \_\_\_\_\_; plus costs and assessments as applicable\*; the balance is suspended with probation for 5  
months/years and subject to South Carolina Department of Probation, Parole and Pardon Service standard conditions of probation, which  
are incorporated by reference.

CONCURRENT or  CONSECUTIVE to sentence on:  
 The Defendant is to be given credit for time served pursuant to S.C. Code §24-13-40 to be calculated and applied by the State  
Department of Corrections. 3 Days TIS  
 The Defendant is to be placed on Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C. Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal  
Domestic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

RESTITUTION:  Deferred  Def. Waives Hearing  Ordered PTUP  
Total: \$ \_\_\_\_\_ plus 20% fee: \$ \_\_\_\_\_ 100 days hours Public Service Employment  
Payment Terms: \_\_\_\_\_ Obtain GED

Set by SCDPPPS \_\_\_\_\_

Attend Voc. Rehab. Or Job Corp. \_\_\_\_\_

May serve W/E beginning: \_\_\_\_\_

Substance Abuse Counseling

Random Drug/Alcohol Testing

Fine may be pd. in equal consecutive weekly/monthly:

pmts. of \$ \_\_\_\_\_ Beginning \_\_\_\_\_

\$ \_\_\_\_\_ Paid to Public Defender Fund

Other: Shall not operate a rescue shelter  
for animals.

Recipient: _____		
*Fine: _____	\$	_____
§14-1-206 (Assessments 107.5%)	\$	_____
§14-1-211 (A)(1)(Conv. Surcharge)	\$100	\$ 100.00
§14-1-211 (A)(2)(DUI Surcharge)	\$100	\$ _____
§56-5-2995 (DUI Assessment)	\$12	\$ _____
§56-1-286 (DUI Breath Test)	\$25	\$ _____
Proviso 47.9 (Public Def/Prob)	\$500	\$ _____
§14-1-212 (Law Enforce. Funding)	\$25	\$ 25.00
§14-1-213 (Drug Court Surcharge)	\$150	\$ 150.00
§50-21-114 (BUI Breath Test Fee)	\$50	\$ _____
§56-5-2942(J) (Vehicle Assessment)	\$40/ea	\$ _____
Proviso 90.5 (SCCA Surcharge)	\$5	\$ 5.00
3% to County (if paid in installments)	\$	\$ 8.40
<b>TOTAL</b>		<b>\$ 288.40</b>

Appointed PD or appointed other counsel,  
§47.12 requires \$500 be paid to Clerk  
during probation

Presiding Judge: \_\_\_\_\_  
Judge Bar ID: \_\_\_\_\_  
Sentence Date: 11-20-15  
Judge Code: #2752

Clerk of Court/District Clerk: Richard A. Hinkle  
Court Reporter: R. TOTTISON  
SCCA/217 (03/2011)

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

Court of Anderson  
STATE VS.

Indictment Number: 15-GS-04-01175  
Probation C/W#: W-04-15-0595

Debra Shonda  
AKA:  
Race: W Sex: F  
DOB: DOB 1965  
SSN: SS#  
SID#: SID#

Name of Original Offense: Poss Meth/Crack 1st  
Original A/W#: 2015A0410200310  
Date of Original Offense: 03/18/2015  
Conviction S.C. Code §: 44-53-375 (A)  
Conviction CDR Code #: 3 1 0 1 0 1 9  
Original Sentence: 3 Years SS Upon Service 3 Days and 5 years Probation CFTS 3 Days



ORDER

The above named defendant has been charged with violating the conditions of probation ordered on 11/20/15 in the Court of General Sessions of Anderson County, and/or the additional conditions ordered by the Court in probation continuation orders(s) issued on 11/30/15, as set forth in the attached warrant(s) or citation(s) dated 11/30/15. After hearing the evidence and being duly advised, in the (presence/absence) of the defendant, I find that the above named defendant has violated the following condition(s) of probation: (List by number or indicate special conditions as provided in the affidavit) 1, 3, 10

Therefore, IT IS ORDERED that:

- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years, the remainder of the original sentence, and/or pay \$\_\_\_\_\_.
- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years of the original sentence and/or pay \$\_\_\_\_\_; thereupon to be reinstated on probation, subject to the conditions set forth in the attached order and not inconsistent with this order.
- the above named defendant is continued on probation as provided for in the original sentence, subject to the conditions set forth therein and not inconsistent with this order.
- probation is reduced to time served under supervision and the defendant is discharged from supervision on this date.
- the above named defendant is placed on active electronic monitoring pursuant to §23-3-540 (mandatory if convicted of first degree criminal sexual conduct with a minor or lewd act, discretionary if convicted of any other applicable sex offense against a minor).
- Financial Obligations: Order satisfies:
  - Department fees (arrearage)
  - Fines and other fees (arrearage/balance)
  - Restitution (and 20%) (arrearage/balance)
 Civil judgment:
  - Department fees
  - Fines and other fees
  - Restitution (and 20%)
- Additional Conditions ordered by the Court:

Same as 15-65-04-1176.

- The defendant is given credit for pre-revocation hearing detention time on current probation violation to be calculated and applied by the SC Department of Corrections.
- The defendant has previously served \_\_\_\_\_ months/years on this sentence. (split sentence time and/or prior partial revocation time)
- The defendant was previously placed on active electronic monitoring pursuant to §23-3-540.

This 11 day of January, 2016, SC

[Signature]  
Presiding Judge  
[Signature]  
Judicial Circuit

You are hereby advised that under the law the Court may at any time revoke or modify any condition of this probation; impose any lawful conditions it deems proper; or extend your period of probation not to exceed five (5) years. At any time within the period of your probation, the Court may require you to serve any part of the original sentence imposed.

This is to certify that I have read, or have had read to me, the order and the conditions set out therein. I agree to comply with such conditions and the conditions of my attached probation order during the period of my probation; I have received a copy of this Court's order and all attachments.

Offender's Signature [Signature]

Witnessed by [Signature]

Signed this 11 day of Jan., 2016 at Anderson SC

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

COUNTY OF ANDERSON

STATE VS.

DEBRA LYNNE SHERIDAN

AKA:
Race: White Sex: F Age: 49
DOB: 1965 SS#:
Address: 818 Hamlin Rd
City, State, Zip: Easley, SC 29642-7908
DL# DL# SID# SID#

INDICTMENT/CASE#: 2015GS0401176
A/W: 2015A0410200372 Through 2015A0410200425
Date of Offense: 03/18/2015
S.C. Code §: 47-05-0200
CDR Code #: 1653

SENTENCE SHEET



\*CDL Yes [ ] No [ ] CMV Yes [ ] No [ ] Hazmat Yes [ ] No [ ]

In disposition of the said indictment comes now the Defendant who was [ ] CONVICTED OF or [ ] PLEADS

TO: Animals / Rabies control Chapter violation (Counts 1 through 54)

In violation of § 47-05-0200 of the S.C. Code of Laws, bearing CDR Code # 1653

[ ] NON-VIOLENT [ ] VIOLENT [ ] SERIOUS [ ] MOST SERIOUS [ ] Mandatory GPS [ ] §17-25-45 (CSC w/minor 1st or Lewd Act)

The charge is: [ ] As indicted, [ ] Lesser Included Offense, [ ] Defendant Waives Presentment to Grand Jury.
The plea is: [ ] Without Negotiations or Recommendation, [ ] Negotiated Sentence, [ ] Recommendation by the State.

ATTEST: Austin McLain, Assistant-Solicitor SC Bar # 100692 Defendant Attorney for Defendant SC Bar # 2460

WHEREFORE, the Defendant is committed to the [X] State Department of Corrections [ ] County Detention Center, for a determinate term of 1,620 days months/years or [ ] under the Youthful Offender Act not to exceed years and/or to pay a fine of \$ ; provided that upon the service of 3 days months/years and or payment of \$ ; plus costs and assessments as applicable\*; the balance is suspended with probation for 5 months years and subject to South Carolina Department of Probation, Parole and Pardon Service standard conditions of probation, which are incorporated by reference.

[X] CONCURRENT or [ ] CONSECUTIVE to sentence on: 2017GS 04 01175
[X] The Defendant is to be given credit for time served pursuant to S.C. Code §24-13-40 to be calculated and applied by the State Department of Corrections. 3 Days T/S
[ ] The Defendant is to be placed on Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C. Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal Domestic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

[ ] RESTITUTION: [ ] Deferred [ ] Def. Waives Hearing [ ] Ordered PTUP
Total: \$ plus 20% fee: \$ 100 days hours Public Service Employment
Payment Terms: Obtain GED [ ]

[ ] Set by SCDPPPS Attend Voc. Rehab. Or Job Corp.

Recipient: May serve W/E beginning

\*Fine: Substance Abuse Counseling [X]

§14-1-206 (Assessments 107.5%) Random Drug/Alcohol Testing [X]

§14-1-211 (A)(1)(Conv. Surcharge) \$100 \$ 100.00 X54 Fine may be pd. in equal consecutive weekly/monthly

§14-1-211 (A)(2)(DUI Surcharge) \$100 \$ pmts. of \$ Beginning

§56-5-2995 (DUI Assessment) \$12 \$ \$ Paid to Public Defender Fund

§56-1-286 (DUI Breath Test) \$25 \$

Proviso 47.9 (Public Def/Prob) \$500 \$

§14-1-212 (Law Enforce. Funding) \$25 \$ 25.00 X54

§14-1-213 (Drug Court Surcharge) \$150 \$

§50-21-114 (BUI Breath Test Fee) \$50 \$

§56-5-2942(J) (Vehicle Assessment) \$40/ea \$

Proviso 90.5 (SCCA Surcharge) \$5 \$ 5.00 X54

3% to County (if paid in installments) \$ \$ 210.60

TOTAL \$7,230.60

Clerk of Court/Deputy Clerk: Richard S. Shirley

Court Reporter: R. THOMPSON

SCCA/217 (03/2011) Presiding Judge: Judge Bar ID: Judge Code: #2752

Sentence Date: 11-20-2015

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

County of Anderson

Indictment Number: 15-GS-04-01176

STATE VS.

Probation C/W#s: W-04-15-0595

Debra Sheridan

Name of Original Offense: Rabies Control Chapter Violation

AKA:

Original A/W#: 2015A0410200372 Through 2015A0410200425

Race: W Sex: F

Date of Original Offense: 03/18/2015

DOB: DOB 1965

Conviction S.C. Code §: 47-05-0200

SSN: SS#

Conviction CDR Code #: 1161513

SID#: SID#

Original Sentence: 1620 Days; SS upon Service 3 Days and 5 years Probation CFTS 3 Day



ORDER

The above named defendant has been charged with violating the conditions of probation ordered on 11/20/15 in the Court of General Sessions of Anderson County, and/or the additional conditions ordered by the Court in probation continuation orders(s) issued on 11/30/15, as set forth in the attached warrant(s) or citation(s) dated 11/30/15. After hearing the evidence and being duly advised, in the (presence/absence) of the defendant, I find that the above named defendant has violated the following condition(s) of probation: (List by number or indicate special conditions as provided in the affidavit) 1, 3, 10

Therefore, IT IS ORDERED that:

- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years, the remainder of the original sentence, and/or pay \$ \_\_\_\_\_.
- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years of the original sentence and/or pay \$ \_\_\_\_\_; thereupon to be reinstated on probation, subject to the conditions set forth in the attached order and not inconsistent with this order.
- the above named defendant is continued on probation as provided for in the original sentence, subject to the conditions set forth therein and not inconsistent with this order.
- probation is reduced to time served under supervision and the defendant is discharged from supervision on this date.
- the above named defendant is placed on active electronic monitoring pursuant to §23-3-540 (mandatory if convicted of first degree criminal sexual conduct with a minor or lewd act, discretionary if convicted of any other applicable sex offense against a minor).

Financial Obligations: Order satisfies:  Department fees (arrearage) Civil judgment:  Department fees  
 Fines and other fees (arrearage/balance)  Fines and other fees  
 Restitution (and 20%) (arrearage/balance)  Restitution (and 20%)

Additional Conditions ordered by the Court: Intensive supervision with GPS until acceptance into an approved inpatient substance abuse treatment program. Intensive supervision for 3 months after release.

The defendant is given credit for pre-revocation hearing detention time on current probation violation to be calculated and applied by the SC Department of Corrections. Pay supervision fee at regular rate. Restrictive supervision payments.

The defendant has previously served \_\_\_\_\_ months/years on this sentence. (split sentence time and/or prior partial revocation time)

The defendant was previously placed on active electronic monitoring pursuant to §23-3-540. Also mac: 1/11/16

This 11 day of Jan, 2016,  
Anderson, SC

[Signature]  
Presiding Judge  
10th Judicial Circuit

You are hereby advised that under the law the Court may at any time revoke or modify any condition of this probation; impose any lawful conditions it deems proper; or extend your period of probation not to exceed five (5) years. At any time within the period of your probation, the Court may require you to serve any part of the original sentence imposed.

This is to certify that I have read, or have had read to me, the order and the conditions set out therein. I agree to comply with such conditions and the conditions of my attached probation order during the period of my probation. I have received a copy of this Court's order and all attachments.

Offender's Signature [Signature]

Witnessed by [Signature]

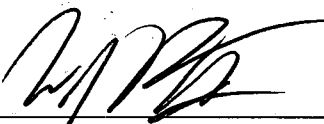
Signed this 11 day of Jan, 2016, at Anderson SC

Certificate of Counsel

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The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

July 12, 2017



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Darren S. Haley (S.C. Bar # 14564)

Willie J. Peters (S.C. Bar # 100974)

The Haley Law Firm, LLC

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Greenville, SC 29601

(864) 235-6638

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*Attorneys for Appellant*