

# NEW PROVIDENCE RABIES CLINIC

**Who:** Cats and Dogs  
**Date:** Saturday, January 7<sup>th</sup>, 2017  
**Time:** 8:00AM to 9:00AM  
**Where:** New Providence Municipal Center  
360 Elkwood Ave  
New Providence, NJ 07974

**\*\*Please use the Academy Street Entrance\*\***



In order to participate in the Free Clinic your pet(s) must be on a leash or in a carrier. The "Consent To Administer Anti-Rabies Inoculation" form on the back of this flyer must be completed before arrival and presented at the clinic. The veterinarian will not administer the immunization without this form. A record of prior immunization will be required for a 3-year inoculation. If no record is presented, a 1-year inoculation will be given.

We strongly encourage residents who are attending the Clinic to license their pets at this time. Please bring with you a completed Pet License form. If you are paying by check, please have it made out in advance for the appropriate amount, payable to "Borough of New Providence". If you are paying by cash, please bring the exact amount as we do not have change.

## License Fees

Dogs – \$16.00 (neutered)  
Dogs – \$19.00 (not neutered)  
Cats – \$16.00



Questions? Call (908) 665-1400 ext. 0 or email [nsarna@newprov.org](mailto:nsarna@newprov.org)

Please Turn Over for Consent Form and Complete →

**2017 ANTI-RABIES INOCULATION CONSENT FORM**

**PRINT CLEARLY – THIS INFORMATION IS USED TO CREATE THE RABIES CERTIFICATE**

1. Bring this form, completed in its entirety, with you to the Clinic. One form for each pet.

2. All pets must be accompanied by an adult atleast 18 years of age or older

**Pet Owner's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Type (Circle one):**     **CAT**     **DOG**                     **Age / DOB** \_\_\_\_\_

**Sex:**   **MALE**     **FEMALE**                     **Color** \_\_\_\_\_

**Hair Length (circle one):**   **Long**     **Medium**     **Short**

**Weight (circle one):**     **Under 20 lbs.**             **20-50 lbs.**             **Over 50 lbs.**

**Prior Rabies Inoculation:**

**Date Given** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**I hereby waive any claim against the New Providence Board of Health, the Borough of New Providence or any person(s) assisting with the anti-rabies clinic, for any possible illness, injury or death that may result from inoculation of my pet with anti-rabies serum.**

**PET OWNER'S SIGNATURE:** \_\_\_\_\_

**FOR BOROUGH USE ONLY – Rabies Clinic January 7, 2017**

**Veterinarian please initial to indicate which immunization given:**

**1 yr.** \_\_\_\_\_ **3 yr.** \_\_\_\_\_