



**APPLICATION FOR HOME VISIT
RABIES SHOTS**

Animal Control Program
1203 Maple Street
Greensboro, NC 27405
336-641-5990 336-641-5997 (Fax)

All information must be filled out completely. Please return application along with check or money order to the above address. Once the information has been received and processed an Animal Control Officer will contact you to set up an appointment. All Dogs and Cats must be contained on the day of the visit. The cost of the rabies vaccination is \$5 per animal. Please make checks or money orders out to Guilford County Health Department.

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Owner Signature

Date

Animal Control Officer Signature

Date Vaccinated

Total number of animals to be vaccinated: _____

Species #1 (circle)

Dog Age _____
Cat Age _____

Sex (circle) M F

Spayed
Neutered

Predominate Breed:

Color _____

Name _____

Size (circle) Under 20 lbs
20-50 lbs
Over 50 lbs

Species #2 (circle)

Dog Age _____
Cat Age _____

Sex (circle) M F

Spayed
Neutered

Predominate Breed:

Color _____

Name _____

Size (circle) Under 20 lbs
20-50 lbs
Over 50 lbs

Species #3 (circle)

Dog Age _____
Cat Age _____

Sex (circle) M F

Spayed
Neutered

Predominate Breed:

Color _____

Name _____

Size (circle) Under 20 lbs
20-50 lbs
Over 50 lbs

Species #4 (circle)

Dog Age _____
Cat Age _____

Sex (circle) M F

Spayed
Neutered

Predominate Breed:

Color _____

Name _____

Size (circle) Under 20 lbs
20-50 lbs
Over 50 lbs

Species #5 (circle)

Dog Age _____
Cat Age _____

Sex (circle) M F

Spayed
Neutered

Predominate Breed:

Color _____

Name _____

Size (circle) Under 20 lbs
20-50 lbs
Over 50 lbs

Species #6 (circle)

Dog Age _____
Cat Age _____

Sex (circle) M F

Spayed
Neutered

Predominate Breed:

Color _____

Name _____

Size (circle) Under 20 lbs
20-50 lbs
Over 50 lbs