MILITARY WORKING ANIMAL IMMUNIZATION RECORD	1. NAME OF ANIMAL	2. TATTOO/ID NUMBER

3. RABIES

a. DATE	b. PRODUCT	c. MANUFACTURER	d. SERIAL NUMBER	e. TREATING ORGANIZATION	f. VETERINARIAN

4. OTHER

4. OTHER *(Continued)*

a. DATE	b. PRODUCT	c. MANUFACTURER	d. SERIAL NUMBER	e. TREATING ORGANIZATION	f. VETERINARIAN