Spring Hill Veterinary Clinic
25 N Western Ave.
Carpentersville , IL 60110
(847) 426-0550

Rabies Certificate
Kane

Client ID:	4427	Patient ID:	28061
Client Name:	HWM Hoof Woof Meow	Name:	Cosmopolitan
Address:	180 S WESTERN AVE #143	Species:	Canine
	CARPENTERSVILLE, IL 60110	Breed:	Mixed
Phone:	(847) 366-0164	Sex:	Female
e-mail:	medical@hoofwoofmeow.org	Color:	Brown
Senior Citizen:		Birth Date:	9/26/2024
Client Birthdate:		Microchip #:	900235001212505

Tag Number:	No Tag Issued
Producer:	Boehringer Ingelheim
Lot/Serial Number:	22137
K/MLV:	Killed Virus
Vaccination Date:	1/22/2025
Expiration Date:	1/22/2026

Signature: ___ _____

Doctor: **Liz Orsi, DVM**

License: 090.009468