Exhibit G

RABIES VACCINATION CERTIFICATE

NASPHV Form #50

Print - use ball point pen or type

Rabies Tag Number: 101251

Owner's Name & Address

PRINT - Last: Bradley First: David M.I.: Telephone: 541 [illegible]

No.: 103 Street: Blacock Ct City: Boardman State: OR Zip:

Species: Dog ☑ Cat ☐ Name: Angel

Sex: Male ☐ Female ☑

Age: 3 mo. to 12 mo. ☐ 12 mo. or older ☐

Size: Under 20 lbs. ☐ 20-50 lbs. ☐ Over 50 lbs. ☐

Predominant Breed: Pit Cross

Colors: Black

Producer: M E R (First 3 letters)

☐ 1 yr. Lic./Vacc. ☐ 3 yr. Lic./Vacc. Other

Vacc. Serial (lot) No.: 089982.1

For Licensing Agency Use
License No. Year
Other
Change ☐ Add ☐
Control No.

DATE VACCINATED: 4 / 15 / 24 (Month / Day / Year)

VACCINATION EXPIRES: 4 / 15 / 25 (Month / Day / Year)

Veterinarian's: # License No.

Signature: J. A. [illegible] DVM

Address: PO [illegible]