

Animal Rabies Vaccination:

**Certified Rabies Vaccinator (CRV) Candidate
Vaccine Administration Training Checklist**

Name of Appointee _____

County of Appointment _____

County Employee? Yes No

Position Title _____

Address of Employment _____

Training Veterinarian _____ N.C. License No. _____

Shelter "Veterinarian of Record?" Yes No *If no, describe association with county:*

Location of Training _____

Hours of Training Completed _____

Place a checkmark next to the areas in which the appointee has demonstrated proficiency and understanding of appropriate technique:

- Handling Cats Handling Dogs
- Appropriately uses syringes and needles while drawing up vaccine
- Safely uses and disposes syringes and needles in sharps container
- Subcutaneous administration of vaccine to: Cats Dogs
- Number of animals vaccinated: Cats _____ Dogs _____
- Storage and handling of vaccine
- Identifies manufacturer, serial number and expiration date of vaccine
- Accurately fills out rabies certificates

Certifying Veterinarian

Local Health Director

Date

Date