	2023	CITY OF AVOCA	- DOG/CA	T TAG AP	PLICATION					
Owner Information(Please Print & Fill out completely)					Veterinarian Information Clinic name and address:					
Full Name										
Address Apt #										
City State ZIP					1					
IMPORTANT: The following will be used to contact you if your pet is found					Verification of Spayed/Neutered Pet					
Home Phone Cell Phone					, (print veterinarian's name)					
Email Address					verify that the	e nets listed he	, `	,	ian s name,	
Affirmation of Owner: Each pet listed below has a current rabies					verify that the pets listed below as sterilized are, in fact, spayed or neutered.					
inoculation according to state law. Please enter the rabies tag number					Vet or City Employee may verify (please refer to Vaccination					
					Sheet from Veterinarian's Office).					
Signature of Owner Date			Datis		City Employee			Date		
		<u> </u>	Pet Inform	nation I			Rabies	Vacc.		
Pet Name	Breed	Color(s)	Species	Gender	Sterile	Fertile	Tag #	Expires	City Tag #	
1 CC IValliC	Breed	20101(3)	Dog/Cat	M/F	\$17.00	\$23.00	τας π	LAPITCS	City rug #	
			Dog/Cat	M/F	\$17.00	\$23.00				
			Dog/Cat	M/F	\$17.00	\$23.00				
Please make check payable to:					\$	\$				
"City of Avoca"					Sterile + Fertile = Total Paid: \$					
		CITY OF AVOCA	- DOG/CA	T TAG AP						
Owner Information(Please Print & Fill out completely)					Veterinarian Information Clinic name and address:					
Full Name										
Address Apt #										
City	Sta	te	ZIP		1					
IMPORTANT: The following will be used to contact you if your pet is found					Verification of Spayed/Neutered Pet					
Home Phone Cell Phone					I,, (print veterinarian's name)					
Email Address					verify that the pets listed below as sterilized are, in fact,					
Affirmation of Owner: Each pet listed below has a current rabies					spayed or neutered.					
inoculation according to state law. Please enter the rabies tag number					Vet or City Employee may verify (please refer to Vaccination					
in the appropriate box below.					Sheet from Veterinarian's Office).					
C:					O''			5.		
Signature of Owner Date Pet Information					City Employe	<u>e</u>		Date		
			ret iiiloiii				Rabies	Vacc.		
Pet Name	Breed	Color(s)	Species	Gender	Sterile	Fertile	Tag #	Expires	City Tag #	
	-	ζ-,	Dog/Cat	M/F	\$17.00	\$23.00	U	,	, 5	
			Dog/Cat	M/F	\$17.00	\$23.00				
			Dog/Cat	M/F	\$17.00	\$23.00				
Please make check payable to:					\$	\$				
"City of Avoca"					Sterile +	Fertile	=	Total Paid:	S	