2025 CALEN	DAR YEAR	CITY OF AVOC	A - DOG/CA	T TAG AP	PLICATION						
Owner Information(Please Print & Fill out completely)				Veterinarian Information							
Full Name				Clinic name and address:							
Address Apt #											
City State ZIP											
IMPORTANT: The	e following will be use	ed to contact you if you	ır pet is found		Verification of	Spayed/Neuter	ed Pet				
Home Phone Cell Phone				I,, (print veterinarian's name)							
Email Address	Email Address					verify that the pets listed below as sterilized are, in fact,					
Affirmation of Ov	vner: Each pet listed	below has a current ra	ibies		spayed or neutered.						
inoculation accord	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).							
Signature of Owner Date				City Employe	e	Date					
			Pet Inform	nation							
							Rabies	Vacc.			
Pet Name	Breed	Color(s)	Species	Gender	Sterile	Fertile	Tag #	Expires	City Tag #		
			Dog/Cat	M/F	\$20.00	\$26.00					
			Dog/Cat	M/F	\$20.00	\$26.00					
			Dog/Cat	M/F	\$20.00	\$26.00					
	Please make cl	heck payable to:			\$	\$					
"City of Avoca"				Sterile + Fertile			= Total Paid: \$				

2025 CALENDAR YEAR CITY OF AVOCA - DOG/CAT TAG APPLICATION

Owner Information(Pleas	e Print & Fill out compl	etely)	Veterinarian Information					
Full Name			Clinic name and address:					
Address		Apt #						
City	State	ZIP						
IMPORTANT: The following	will be used to contact you	ı if your pet is found	Verification of Spayed/Neutered Pet					
Home Phone	Cell Phon	e	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 curr	rent rabies	spayed or neutered.					
inoculation according to state	e law. Please enter the rat	pies tag number	Vet or City Employee may verify (please refer to Vaccination					
in the appropriate box below	ν.		Sheet from Veterinarian's Office).					
Signature of Owner		Date	City Employee Date					

Pet Information

							Rabies	Vacc.		
Pet Name	Breed	Color(s)	Species	Gender	Sterile	Fertile	Tag #	Expires	City Tag #	
			Dog/Cat	M/F	\$20.00	\$26.00				
			Dog/Cat	M/F	\$20.00	\$26.00				
			Dog/Cat	M/F	\$20.00	\$26.00				
Please make check payable to:					\$	\$				
	"City of Avoca"				Sterile + Fertile			= Total Paid: \$		