limits. Be sure to inc mail, include a busir tag.	st have and wear a licen lude a current rabies ness sized, self-address nt of payment is requi	CERTIFICAT sed, stamped en	<u>E</u> showin nvelope fo	g proof of rabies. or return mailing	When paying by of the license and
Date:	Owners Name:			Phone #:	
Address:					
Dogs Name	Breed	Color	_ Male _	_Neutered Fem	ale Spayed
Veterinarian:	Date of F	Rabies Vaccinat	ion:	Rabies Exp	iration:
Dogs Name	Breed	Color	Male _	_ Neutered Fen	nale Spayed
Veterinarian:	Date of F	Rabies Vaccinat	ion:	Rabies Exp	ration:
Dogs Name	Breed	Color	Male _	_ Neutered Fen	nale Spayed
Veterinarian:	Date of F	Rabies Vaccinat	ion:	Rabies Exp	iration:
	*****	Official Use	Only **	****	
Tag # /Dog Name		Tag #/D	og Name_		
Date Paid	Check #			Check Total	