

2024 CALENDAR YEAR CITY OF AVOCA - DOG/CAT TAG APPLICATION

Owner Information (Please Print & Fill out completely)		Veterinarian Information	
Full Name		Clinic name and address:	
Address Apt #			
City	State ZIP		
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 inoculation according to state law. Please enter the rabies tag number in the appropriate box below.		spayed or neutered. Vet or City Employee may verify (please refer to Vaccination Sheet from Veterinarian's Office).	
Signature of Owner Date		City Employee Date	

Pet Information

Pet Name	Breed	Color(s)	Species	Gender	Sterile	Fertile	Rabies Tag #	Vacc. 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: \$ _____		

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