

Last Name, First Name	Tag #	Name	Batch #	----- Rabies Vaccination -----	
Property Address (PA:)	Type Sex	Spayed/Neutered?	Trans #	Number	Date
Mailing Address	Year Kennel?	Breed	Fee	Clinic	Expires
City State Zip	Issued Service?	Color	Penalty	Certification	
Resp. Phone #	Active?	Inactive Reason			

	D O G T O T A L S				C A T T O T A L S			
	Count	Fee	Penalty	Total	Count	Fee	Penalty	Total
Male Neutered: Yes	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Male Neutered: No	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Male Total	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Female Spayed: Yes	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Female Spayed: No	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Female Total	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Kennel:	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Service Dog:	0	0.00	0.00	0.00				
Total	0	0.00	0.00	0.00	0	0.00	0.00	0.00