

PRIMARY COLOR	GENDER	YEAR OF BIRTH	SPAY/NEUTER	DOG NAME
of the following:				
	on certificat	e from vour veteri	inarian	
				tificate)
above certificates he	ere:			
nade out to: SONYA I	FURNESS as	Town Clerk		
OR				
ate:				
	of the following: ent rabies vaccination or Neuter certificate above certificates he hade out to: SONYA	of the following: ent rabies vaccination certificate or Neuter certificate (an affida above certificates here: nade out to: SONYA FURNESS as	of the following: ent rabies vaccination certificate from your veter or Neuter certificate (an affidavit is accepted in I above certificates here: nade out to: SONYA FURNESS as Town Clerk OR	of the following: ent rabies vaccination certificate from your veterinarian or Neuter certificate (an affidavit is accepted in lieu of original cer above certificates here: nade out to: SONYA FURNESS as Town Clerk OR

CVV Code: