

Last Name, First Name Property Address (PA: ) Mailing Address City State Zip Resp. Phone #	Tag #	Name		Batch #	----- Rabies Vaccination -----	
	Type	Sex	Spayed/Neutered?	Trans #	Number	Date
	Year	Kennel?	Breed	Fee	Clinic	Expires
	Issued	Service?	Color	Penalty	Certification	
	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
<b>Male Total</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
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
<b>Female Total</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Kennel:	0	0.00	0.00	0.00	0	0.00	0.00	0.00
Service Dog:	0	0.00	0.00	0.00				
<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>