AFFIDAVIT OF NEUTERED/SPAYED STATUS AND/OR RABIES VACCINATION

Dog's Name: _____

Gender: ☐ **MALE** ☐ **FEMALE**

Neutered / Spayed: ☐ **YES** ☐ **NO**

Rabies Vaccination: ☐ **YES** ☐ **NO**

Breed: _____ **Colour:** _____

Age of Dog: _____ **Name of Veterinarian:** _____

DECLARATION

I, _____ **of** _____
(Owner/Applicant/Agent) **(address)**

Solemnly declare that:

The information given above by me is true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me at Norfolk County

This _____ **day of** _____
Owner/Applicant/Agent Signature

_____, **2018**

_____
Representative of Norfolk County