



MINISTRY OF AGRICULTURE AND FISHERIES
DEPARTMENT OF ANIMALS
REGISTRATION OF ANIMALS

NAME: _____ SEX: _____
 ADDRESS: _____
 PHONE NO: _____
 REGISTRATION NO: _____

DATE OF BIRTH: _____
 DATE OF REGISTRATION: _____
 DATE OF VACCINATION: _____
 DATE OF CLIPPING: _____
 DATE OF SPAYING: _____

NO	DATE OF BIRTH	DATE OF REGISTRATION	DATE OF VACCINATION
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