Deadline to return this form is **May 1, 2018**

**Clinic Date/Time: May 8, 2018 5:00 pm to 7:00 pm**

**Location: COLUMBUS CIVIC CENTER - Parking Lot**

Complete the information below to Pre-Register your pet for the Rabies Clinic.

Pre-Registered pets will be guaranteed a vaccine on the day of the clinic only.

**$5.00** per animal for Rabies Vaccine

**$10.00** per animal for City Permit for Muscogee County residents

**Forms of Payment: Cash or Check only**

**\*\* Muscogee County residents are REQUIRED to have city permit(s) and**

**MUST purchase permit(s) at the Rabies Clinic \*\***

**Animal Owner:** **Please print clearly**.

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Description**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Breed | Color | Sex | Age | Name of Pet |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Please add additional animals on the back of this form. Use one form only per address/owner.

**ALL FEES WILL BE COLLECTED ON THE DAY OF THE CLINIC.**

**CALL, MAIL, or FAX to PRE-REGISTER!!!**

**Call:** (706) 321-6170 (8:00 AM – 5:00 PM Mon. - Fri.)

**NOTICE: For those mailing or faxing the form, please call the Environmental Health office to verify receipt of Pre-Registration form.form.**

**Mail completed form to:** Environmental Health Division

Columbus Department of Public Health

P.O. Box 2299

Columbus, Georgia 31902-2299

**Fax completed form to:** (706) 321-6237

Sponsors: **Dr. Hank Hall D.V.M. Columbus Civic Center**

 