

ONE DOG PER AFFIDAVIT

AFFIDAVIT OF NEUTERED/SPAYED STATUS AND/OR RABIES VACCINATION

Dog's Name:			_
Gender:	MALE	FEMALE	
Neutered / Spayed:	YES	NO	
Rabies Vaccination:	YES	NO	
Breed:	Cold	our:	
Age of Dog:	_ Name of V	eterinarian:	
DECLARATION			
I,(Owner/applicant/ag	ent)	(Address)	
Solemnly declare that:			
	g it to be true and	e and I make this solemn de knowing that it is of the sa	
Declared before me at No	orfolk County		
This	day of		
	, 2025	Owner/Applicant/Agent	Signature
Representative of Norfol	k County		

This form must be filled out separate for each dog listed on the Dog Tag Licence Application.