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| 登録番号  （鑑 札 番 号） | 第　　　　　　　　　　　号  208- |
| 注射済票番号 | 第　　　　　　　　　　　号 |

様式第１号

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| 申 請 書  狂犬病予防注射済票交付   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 申　　請　　日 | | | 年　　　　　　月　　　　　日 | | | | | | 犬の所有者  ※　法人にあっては、主たる事務所の所在地並びに名称及び代表者氏名 | 住　　　所 | |  | | | | | | フ　リ　ガ　ナ | |  | | | | | | 氏　　 名 | |  | | | | | | 電話番号 | |  | | | | | | 犬の所在地 | | | ※　犬の所有者住所と犬の所在地が異なる場合のみ記入 | | | | | | 犬　の　名 | | |  | | | | | | 種　　類 | |  | | | 生年月日 | 年　　月　　日 | | | 毛　　色 | |  | | | 性　　別 | おす　・　めす | | | マイクロチップ | | | 有（番号　　　　　　　　　　　　　　）・　無 | | | | | |  | | | ※　上記以外に特徴があればお書きください。 | | | | | | 狂犬病予防注射を接種した場合は、記入してください。 | | | | | | | | |  | | | | 動物病院名 | | |  | | 年　　　月　　 日 | | | |  | | |  |   　（宛先）所沢市長 |
| 狂犬病予防法第４条第１項の規定による犬の登録  上記の犬について  を  狂犬病予防法第５条第２項の規定による狂犬病予防注射済票の交付 |

受けたいので、手数料を添えて申請します。