

BRISTOL ANIMAL HOSPITAL
 www.hinesburgbristolvet.com
 167 MONKTON ROAD
 SUITE 101A
 BRISTOL, VT 05443
 (802) 453-2191

Rabies Certificate

Client ID: 10556	Patient ID: 10556-1
Client Name: Travis Manning	Patient Name: June 2
Address: 91 Vincent Drive	Species: Canine
	Breed: German Shorthair/Golden Mi
Bristol, VT 05443	Sex: Female
Phone: (802)349-7356	Color:
	Markings:
	Birthday: 05/14/2018
	Weight: 48.00 pounds on 5/14/2020
	Microchip ID:

Tag Number: 200071	Vaccination Date: 5/14/2020
Lot Number: 359644B	Expiration Date: 5/14/2021
Rabies 1 Year	
Producer: Zoetis Inc.	
K / MLV / R: Killed Virus	

Staff Name: Betsy Meinhardt, DVM
 License Number: 052.0001172



ANIMAL LICENSE

Town of BRISTOL NO. 317

THIS CERTIFIES that TRAVIS MANNING, the undersigned,
 is the owner or keeper of an animal kept at 91 VINCENT DR BRISTOL VT
 Telephone: 802-349-7356
 and described as follows: NAME JUNE AGE 2 YRS MOS

SIZE			SEX			COLOR	PROMINENT BREED	SPECIES
SMALL <input type="checkbox"/>	MEDIUM <input checked="" type="checkbox"/>	LARGE <input type="checkbox"/>	MALE <input type="checkbox"/>	FEMALE <input checked="" type="checkbox"/>	NEUTERED <input type="checkbox"/>	BLACK	GERMAN SHORTHAIRED / GOLDEN MIX	CANINE

Further Details _____

and is the animal described in
 RABIES VACCINATION CERTIFICATE NO. 200071 Expiration Date 05/14/2021

Dated 09/22/2020, 20_____
 Signature of Owner or Keeper

In reliance on the above certificate and the payment fee of \$ 11.00

the animal above described is licensed for the period ending ____ / ____ / 20____

Dated 09/22/2020, 20_____
 Town Clerk

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Rabies Certificate

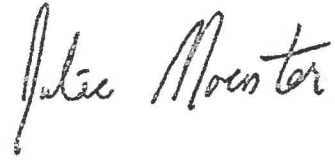
Client ID: 10556
 Client Name: Travis Manning
 Address: 91 Vincent Drive
 Bristol, VT 05443
 Phone: (802)349-7356

Patient ID: 10556-2
 Patient Name: Jemma 7
 Species: Canine
 Breed: RETRIEVER, GOLDEN
 Sex: Female
 Color:
 Markings:
 Birthday: 05/14/2014
 Weight: 72.00 pounds on 5/14/2020
 Microchip ID:

Tag Number: 200043
 Lot Number: 359644B
 Rabies 1 Year
 Producer: Zoetis Inc.
 K / MLV / R: Killed Virus

Vaccination Date: 5/14/2020
 Expiration Date: 5/14/2021

Staff Name: Julie M. Moenter, DVM
 License Number: 052.0000857



ANIMAL LICENSE

Town of BRISTOL NO. 316

THIS CERTIFIES that TRAVIS MANNING, the undersigned,
 is the owner or keeper of an animal kept at 91 VINCENT DR BRISTOL VT
 Telephone: 802-349-7356

and described as follows: NAME JEMMA AGE 7 YRS MOS

SIZE			SEX			COLOR	PROMINENT BREED	SPECIES
<input type="checkbox"/> SMALL	<input checked="" type="checkbox"/> MEDIUM	<input type="checkbox"/> LARGE	<input type="checkbox"/> MALE	<input checked="" type="checkbox"/> FEMALE	<input type="checkbox"/> NEUTERED	<u>RED/BLONDE</u>	<u>GOLDEN RETRIEVER</u>	<u>CANINE</u>

Further Details _____

and is the animal described in
 RABIES VACCINATION CERTIFICATE NO. 200043 Expiration Date 05/14/2021

Dated 09/29/2020, 20
 Signature of Owner or Keeper _____

In reliance on the above certificate and the payment fee of \$ 11.00
 the animal above described is licensed for the period ending 04/01 / 2020

Dated 09/29/2020, 20 Town Clerk _____