

ANIMAL LICENSE

Town of Bristol NO. 335

THIS CERTIFIES that Wade Ackee, the undersigned,

is the owner or keeper of an animal kept at 159 Chimney Hill

Telephone: 802.349.2414

and described as follows: NAME CASH AGE 2 YRS 6 MOS

SIZE			SEX			COLOR	PROMINENT BREED	SPECIES
<input type="checkbox"/> SMALL	<input type="checkbox"/> MEDIUM	<input checked="" type="checkbox"/> LARGE	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input checked="" type="checkbox"/> NEUTERED	<u>Br./white</u>	<u>Mixed</u>	<u>Cat</u>

Further Details CR.# 991001004026095

and is the animal described in
RABIES VACCINATION CERTIFICATE NO. 220183 Expiration Date 8.1.25

Dated 8.1, 2022. [Signature]
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 11.1.2024

Dated 9.15.2023, 2023. S. LUCIA Town Clerk

Dogs and Hybrids must wear a collar with license tag attached thereto.

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

Rabies Certificate

Client ID: 9295
Client Name: Wade Acker
Address: 1853 Mountain Road
Monkton, VT 05443
Phone: (802)349-2414

Patient ID: 9295-2
Patient Name: Cash
Species: Canine
Breed: Mixed
Sex: Neutered Male
Color: Brown and white
Markings:
Birthday: 12/20/2020
Weight: 58.00 pounds on 8/4/2022
Microchip ID: 991001004026085

Tag Number: 220188
Vaccine: Rabies 3 Year
Producer: Zoetis Inc.
Brand: Nobivac:3-Rabies
Type: Killed Virus
Manner of Administration: Subcutaneously

Vaccination Date: 8/1/2022
Expiration Date: 8/1/2025
Lot Number: 568133
Drug Expiration Date: 5/9/2023

Staff Name: Jocelyn Selim, DVM
License Number: 052.0134190

Doctor Signature: _____

Jocelyn Selim DVM.