



PET THERAPY OF THE OZARKS – RENEWAL FORM

A copy of current rabies certificate and current shot record must accompany this form. All immunizations must comply with City of Springfield regulations regardless of member residence. Veterinarian must administer rabies vaccine. Please complete this form and return by September 30th to:

Pet Therapy of the Ozarks, P.O. Box 9462, Springfield, MO, 65801

NAME

_____ Last _____ First

ADDRESS

_____ Street _____ City _____ Zip

PHONE NUMBER _____ E-Mail _____

✓ Renewal fee is \$20.00 or \$30.00 for family memberships. This is due by September 30. Supporting members are asked to complete this form even if no pets are certified at this time. List additional pets on the back of this sheet.

➤ **PET NAME** _____ **BREED** _____

RABIES TAG NUMBER _____

PET THERAPY OF THE OZARKS TAG NUMBER _____

VETERINARIAN _____
Name _____ phone _____

➤ **PET NAME** _____ **BREED** _____

RABIES TAG NUMBER _____

PET THERAPY OF THE OZARKS TAG NUMBER _____

VETERINARIAN _____
Name _____ phone _____

Your signature on this form verifies that immunizations will be given to your PTO pets as required during the coming year. Failure to renew by September 30th will result in suspension of visiting privileges.

Signature _____ Date _____