

Public Health

deals with this matter: dog control
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Po Box 11, Port Elizabeth 6000
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BREEDERS LICENCE FOR YEAR: PERIOD ENDING:
DATE OF ISSUE:
BREEDERS KENNEL NAME:
NAME OF LICENCEE:

RESIDENTIAL ADDRESS

POSTAL ADDRESS:

BREED OF DOGS:

NAME OF ASSOCIATION WHERE DOGS ARE REGISTERED:

KENNEL UNION OF SOUTH AFRICA

INSPECTORS REPORT:

APPROVED

COPIES OF REGISTRATION CERTIFICATES TO BE ATTACHED.
NO NUISANCE TO BE CREATED.
NOTIFY THIS OFFICE OF ANY CHANGES IN ADDRESS/CONTACT DETAILS.

Yours Faithfully,

PP
EXECUTIVE DIRECTOR: PUBLIC HEALTH

INSPECTOR		DATE:	
DOG OWNER		DATE:	