



225 S Bluff Street
Winnebago, NE
68071

**Office of Environmental Services: Winnebago Health and Safety
Pet Owner Information Form**

Date _____

Owner Information

First Name _____ Last Name _____

Address _____

City _____ State _____

Telephone _____

Pet Information Pet License #

Pet Name _____ Dog/Cat _____

Spay/Neuter _____ Age _____

Female/Male _____ Weight _____

Marks (color) _____ Breed _____

Has your pet been seen by the Office of Environmental Health in the past? Y N

If yes, Date (month & year) _____

Vaccination Information

Rabies Date _____ Rabies Expiration _____

Rabies Tag # _____ Rabies Number _____

DHPP (12 Weeks): _____ DHPP Expiration _____

DHLPP (12 Weeks): _____ DHLPP Expiration _____

FVRCP (Cat): _____ FVRCP Expiration _____

**Monica Cleveland, BS
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402-745-3950 ext 2900**