

**City of Poth  
Animal Control  
P O Box 579  
Poth TX 78147  
830-484-2000 830-484-2111**

I, \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

agree to submit proof of vaccination by a licensed veterinarian within 5 days.

for the following animal:

\_\_\_\_\_  
*Description of Animal being released*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Approved by  
City Representative \_\_\_\_\_ Date: \_\_\_\_\_