



**ΔΗΜΟΣ ΠΕΓΕΙΑΣ**  
**Υγειονομική Υπηρεσία**  
Πλατεία Βρύσης των Πεγειώτισσων  
8560 ΠΕΓΕΙΑ, ΚΥΠΡΟΣ  
ΤΗΛ: 26621244, 2621113, 26622146  
FAX: 26621571

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## **DOG CONCESSION NOTICE**

To the Municipality of Pegeia,

I, the undersigned ..... with Identity Number  
....., Address. ....  
Customer number ....., and Tel.no:..... I am a  
registered dog owner with the following details:

No. Dog Registration (Microchip):

We inform you that on I gave the above dog to ..... with Identity  
Number ....., Customer number .....,  
Address ..... and Tel.no ..... and please make the  
necessary changes to your files.

.....

Signature

I certify that I have received the dog mentioned above.

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Signature of new owner