



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

Date:

RESPONSIBLE STATEMENT

I am the undersigned

Name:

ID number:

Customer Number:

Address:

I declare responsible that I do not have in my possession my dog / my dog has died in
..... (That does not apply to delete).

My dog had the following information:

Dog name:.....

Dog Permit Number:

No. Dog Registration (Microchip):