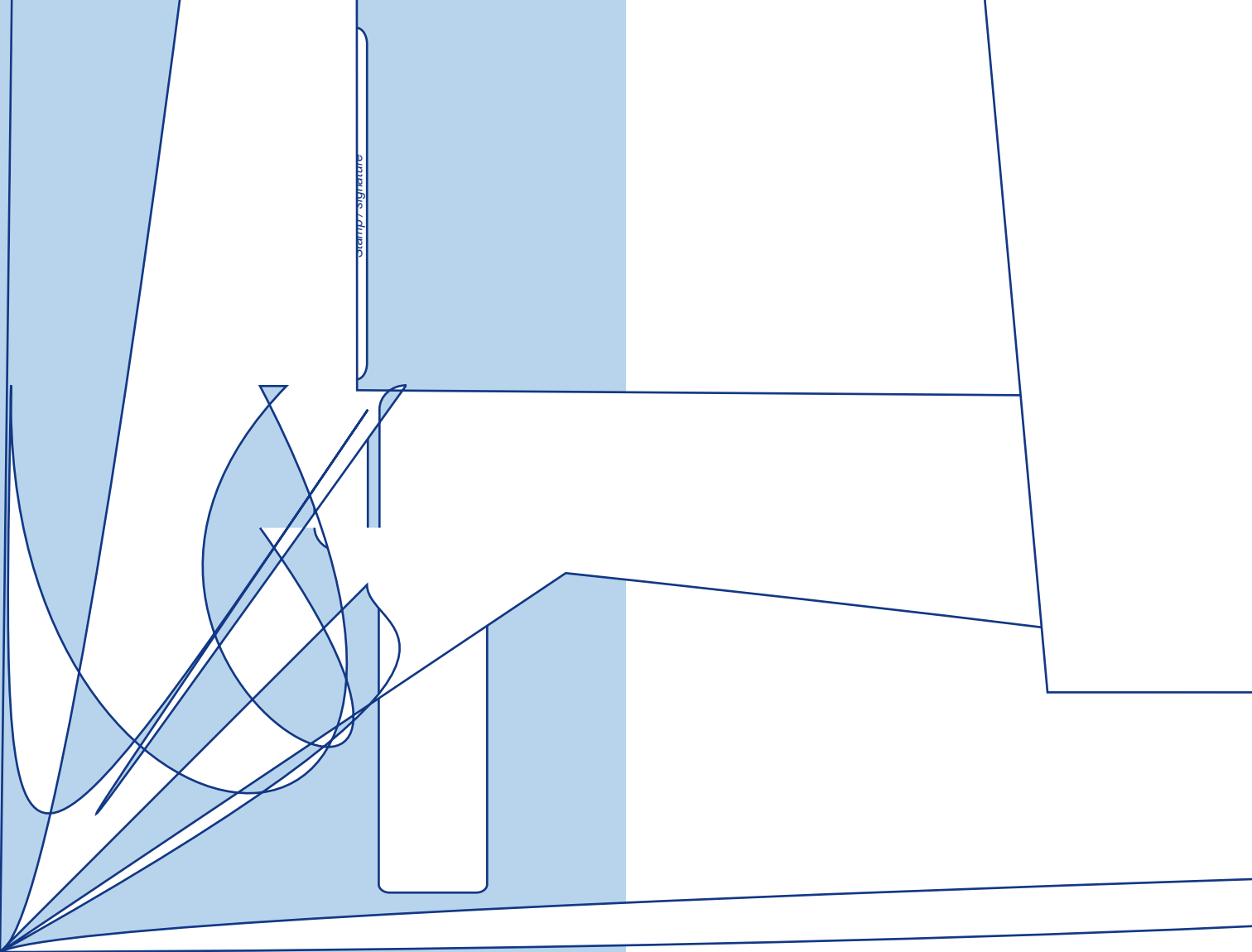


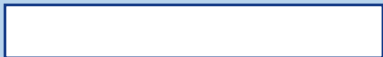


I. BESITZER / *Owner*

Name /



Stamp Signature



TIERARZT

Veterinarian

DATUM¹
UHRZEIT²

*Date¹
Time²*



