別記様式第１号（第２条第１項関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 犬 の 登 録 申 請 書  　草津市長　　　　様  　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号（　　　　　　　）  登録年月日　　　　　　　　　　登録番号　　　　　　　　　　　　　　　―   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 所有者（管理者）住所：滋賀県草津市　　　　　　　　　　　　　　　　　　　　　　　町・  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　丁目 | | | | | | | | | | | | | | | | | |   　　　　　　住所の続き   |  | | --- | | 番　　　　　　　　　　　　号 |   　　　　　　住所の続き   |  | | --- | |  |  |  | | --- | | 犬の所在地：　滋賀県草津市　　　　　　　　　　　　　　　　　　　　　　　　　　　町・  (注：住所と同じ場合は記入不要)　　　　　　　　　　　　　　　　　　　 　　　　　　　丁目 |   　　　　　　住所の続き   |  | | --- | | 番　　　　　　　　　　　　号 |   　　　　　　住所の続き   |  | | --- | |  |   　　　　　　　　　　　　　　　　　　　　　　　　　　　所有者氏名・名称（カナ）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   　　　　　所有者氏名・名称（漢字）   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   　　　次のとおり犬の登録をしたいので狂犬病予防法の規定により申請します。  　　　　　犬の名前（カナ）　　　　　　　　　　　　　　　　　　　犬の種類：雑種  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（　　　　　　　　　　　）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     毛色：白、黒、茶　　　　　犬の生年月日　　　　　　　　犬の性別　　　狂犬病予防注射の  （　　　　　　　）　　　（分かる範囲で記入）　　　　　オス・メス　　　　有・無   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   　　　　注射年月　　　　　　　　注射番号　　 　　　　注射場所   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   　　　　　　　　　登録年月と同じ場合は、＠と記入する。 |

**【記入例】**

別記様式第１号（第２条第１項関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 犬 の 登 録 申 請 書  　草津市長　　　　様  　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号（　　**０７７**　　）  登録年月日　　　　　　　　　　登録番号　　　　　　　　　　**５６３**　　―　　**１２３４**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 所有者（管理者）住所：滋賀県草津市　　　　　　　　　　　　　　　　　　　　　　　町・  　　　　　　　　　　　　　　　　　　　　　　　　草津３　　　　　　　　　　　丁目 | | | | | | | | | | | | | | | | | |   　　　　　　住所の続き   |  | | --- | | **１３**番　　　　　　　　　　**３０**号 |   　　　　　　住所の続き   |  | | --- | |  |  |  | | --- | | 犬の所在地：　滋賀県草津市　　　　　　　　　　　　　　　　　　　　　　　　　　　町・  (注：住所と同じ場合は記入不要)　　　　　　　　　　　　　　　　　　　 　　　　　　　丁目 |   　　　　　　住所の続き   |  | | --- | | 番　　　　　　　　　　　　号 |   　　　　　　住所の続き   |  | | --- | |  |   　　　　　　　　　　　　　　　　　　　　　　　　　　　所有者氏名・名称（カナ）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ク** | **サ** | **ツ** |  | **ハ** | **ナ** | **コ** |  |  |  |  |  |  |  |   　　　　　所有者氏名・名称（漢字）   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **草** | **津** |  | **花** | **子** |  |  |  |  |  |  |  |  |   　　　次のとおり犬の登録をしたいので狂犬病予防法の規定により申請します。  　　　　　犬の名前（カナ）　　　　　　　　　　　　　　　　　　　犬の種類：雑種  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（　　　　　**柴犬**　　　　）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **タ** | **ロ** | **ウ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     毛色：白、黒、茶　　　　　犬の生年月日　　　　　　　　犬の性別　　　狂犬病予防注射の  （　　　　　　　）　　　（分かる範囲で記入）　　　　　オス・メス　　　　有・無   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **２** | **０** | **１** | **８** | **０** | **４** | **０** | **１** |   　　　　注射年月　　　　　　　　注射番号　　 　　　　注射場所   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   　　　　　　　　　登録年月と同じ場合は、＠と記入する。 |