LITTER RECORDS

WHEN COMPLETED, PLEASE SEND FORM TO: ANIMAL SERVICES, PO BOX 4110; SAN LUIS OBISPO, CA 93403

ATTN: PERMIT CLERK

DATE LITTER WHELPED: _____ # OF MALES: _____ # OF FEMALES_____

Date Transferred	*Animal Transferred (Description)*	*Owner Name & Address*