



120 N County Farm Road Wheaton, IL 60187 | Tel: 630-407-2800 | Fax: 630-407-2801
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Clinic/Hospital Name _____

Address _____

Certificates for the Month of _____

Payment Amount: _____ Check # _____ Paid Online

Remittance Detail	# of Certificates	Fee		Total Fees
1 Year Tags Altered and/or < 1 Year of Age		N/A	X	N/A
3 Year Tags Altered		N/A	X	N/A
1 Year Tags Intact		\$25	X	\$
3 Year Tags Intact		\$50	X	\$
Total Remittance				\$

Returning Certificate Numbers *Separate altered and intact certificates (under 1 year can be grouped with 1 year altered)
 *Once separated, certificates should be in numerical order

Examples:
 *Year prefix is not necessary unless remitting a prior year: 17-12345
 *How to represent consecutive tags of the same type: 12345-12354 (Example of 10 tags)
 *How to represent a single tag outside a range: 12345
 *1 Year tags have 5 digits after the prefix YR-XXXXX
 *3 Year tags have 6 digits after the prefix YR-XXXXXX

Tag Type	1 Year Altered and/or Under 1 Year of Age	1 Year Intact Over 1 Year of Age	3 Year Altered	3 Year Intact
Using this form to record tag numbers sold is optional but is helpful when working to correct errors. Enter tag numbers either individually and/or in a range when consecutive. Please print clearly. If your system allows, printing a rabies tag report to include is acceptable				