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| Evento | | | | | Funcionario responsable | | | | | | | Fecha | | | | | | | |
| Comuna | | Barrio/Vereda | | | | | | Vacunador | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| N | Propietario | | Cedula | Dirección | | Teléfono | Mascota | | Especie | | Raza | Sexo | | Edad | | Vac | | Esterilización | |
| C | F | H | M | M | A | 1ª | Re | Si | No |
| 1 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |