



Comment for Rule N 7

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Monday, August 6, 2007
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Support PAP

Registrant information:

Please PRINT clearly

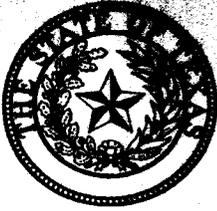
Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Randall Ellis, ADDRESS: 1116 Jackson, CITY: Houston, STATE: TX, ZIP: 77006, PHONE NUMBER: 832 7029322, REPRESENTING: Legacy Council.

Signature: [Handwritten Signature]

Date: 8-6-07

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.

Dme



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Monday, August 6, 2007
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Request for exemption from rabies vaccination ordinance where patients life is endangered

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Dr Bob Rojas, ADDRESS: 5703 Lonetta, CITY: Spring, STATE: TX, ZIP: 77379, PHONE NUMBER: (817) 370 326, REPRESENTING: self.

Signature: [Handwritten Signature] Date: 8/6/07

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Comment for Public

**Registration and Request to Speak at the
Department of State Health Services Council Meeting
Monday, August 6, 2007
Austin, Texas**

Registration forms MUST be turned in before the beginning of the meeting.
Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

I am presenting a petition on behalf of pet owners. We urge DHS to amend various laws to exempt senior and sick pets from booster shots.

Registrant information:

Please PRINT clearly

NAME:	<i>Pamela Ticard</i>		
ADDRESS:	<i>922 LAKEWAY DR</i>		
CITY:	STATE:	ZIP:	
<i>Lakeway</i>	<i>TX</i>	<i>75734</i>	
PHONE NUMBER:	REPRESENTING:		
<i>(512) 606 6999</i>			

Signature: *P. Ticard*

Date: *8/6/07*

- To Comment:**
1. Register by completing the form.
 2. Turn the form in before the start of the meeting.
 3. Wait for the chairman to call on you.
 4. Limit your comments to three minutes.
 5. Individuals cannot accumulate time from other speakers.