

Application for Pet Registration

Date: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Pet Name: _____

Male or Female (circle one)

Altered or Intact (circle one)

Breed: _____

Color Marks: _____

Age: _____

Weight: _____

Rabies number: _____

Rabies Expiration: _____

Microchipped? If yes, microchip number: _____

Tattooed: If yes, tattoo description: _____

Veterinarian: _____

Vet Address: _____

Vet Phone: _____

Include a copy of your current rabies vaccination

Fees: \$20 for altered or \$25 for intact

\$15 for provisional license, difference is due when annual license is issued

Dispatcher:

Date Processed:

Tag number: