

PET REGISTRATION FORM

For additional pets, please make copy of this form

DOG _____ CAT _____

Name of Owner: _____

Address of Owner: _____

Telephone Number: _____

E-Mail Address: _____

Veterinarian Address: _____

Veterinarian Phone No: _____

Name of Pet: _____

Age of Pet: _____ **Sex** _____ **Weight** _____

Breed: _____ **Color:** _____

Type of Hair/Fur: _____ (long, medium, short)

Dog: Spayed/Neutered Yes ___ **No** ___ (if spayed/neutered, attach proof)

Cat: Fixed Yes ___ **No** ___ (if fixed, attach proof)

Attach Veterinarian Rabies Vaccination Certificate