

PET REGISTRATION FORM

Owner or Resident: _____

Address: _____

Contact Number: _____ Email: _____

Type of Pet (Check One): DOG CAT BIRD OTHER _____

How Many Pets: (List each pet on a separate page)

Pet's Name _____ Pet's Age: _____

Pet's Weight: _____ Pet's License/Tag Number: _____

Attach copy of pet's "Proof of Vaccinations" must be included with the Pet Registration Form.

Breed (*Be specific – give complete description, color, etc.*): Provide photo of each pet.

PLEASE ATTACH PHOTO(S) HERE