Town of Bakersville
Dog Registration Form

Date:_____ Town Tag # _____

Owner's Name:_____ Phone # _____

E911 Address:_____

_____

Bakersville, NC 28705

Pet's Name:_____ Color:_____

Breed:_____ Female/Male:_____

Rabies Tag #_____ Date Vaccinated: _____

Spayed/Neutered:_____