

# Pet Registration Form

**FEE \$10 per animal if paid before February 1**

**PENALTY \$15 PER PET PER MONTH after February 1**

**The tags will be sent to you upon completion of this form**

Date of Application: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**MAXIMUM NUMBER OF PETS 5** **ATTACH VACCINATION RECORDS TO FORM**

No More Than 3 Dogs OR 3 Cats

|  |  |  |  |  |
|--|--|--|--|--|
| Name of Pet<br><br>Dog <input type="checkbox"/> Cat <input type="checkbox"/> | Name of Pet<br><br>Dog <input type="checkbox"/> Cat <input type="checkbox"/> | Name of Pet<br><br>Dog <input type="checkbox"/> Cat <input type="checkbox"/> | Name of Pet<br><br>Dog <input type="checkbox"/> Cat <input type="checkbox"/> | Name of Pet<br><br>Dog <input type="checkbox"/> Cat <input type="checkbox"/> |
| NEW <input type="checkbox"/><br><br>RENEWAL <input type="checkbox"/>         | NEW <input type="checkbox"/><br><br>RENEWAL <input type="checkbox"/>         | NEW <input type="checkbox"/><br><br>RENEWAL <input type="checkbox"/>         | NEW <input type="checkbox"/><br><br>RENEWAL <input type="checkbox"/>         | NEW <input type="checkbox"/><br><br>RENEWAL <input type="checkbox"/>         |
| MALE <input type="checkbox"/><br><br>FEMALE <input type="checkbox"/>         | MALE <input type="checkbox"/><br><br>FEMALE <input type="checkbox"/>         | MALE <input type="checkbox"/><br><br>FEMALE <input type="checkbox"/>         | MALE <input type="checkbox"/><br><br>FEMALE <input type="checkbox"/>         | MALE <input type="checkbox"/><br><br>FEMALE <input type="checkbox"/>         |
| DESCRIPTION:<br><br><br><br><br><br><br><br><br><br>AGE:                     | DESCRIPTION:<br><br><br><br><br><br><br><br><br><br>AGE:                     | DESCRIPTION:<br><br><br><br><br><br><br><br><br><br>AGE:                     | DESCRIPTION:<br><br><br><br><br><br><br><br><br><br>AGE:                     | DESCRIPTION:<br><br><br><br><br><br><br><br><br><br>AGE:                     |

**FOR OFFICE USE ONLY—Do not write below**

|                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| Rabies Expiration  | Rabies Expiration  | Rabies Expiration  | Rabies Expiration  | Rabies Expiration  |
| Vet                | Vet                | Vet                | Vet                | Vet                |
| Tag Number and Fee | Tag Number and Fee | Tag Number and Fee | Tag Number and Fee | Tag Number and Fee |