



ANIMAL CONTROL

DOG REGISTRATION APPLICATION

OWNER INFORMATION

Name: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____ Secondary Phone #: _____

Email Address: _____

EMERGENCY CONTACT *(In case we cannot reach you in an emergency situation)*

Name: _____

Address: _____ Phone #: _____

DOG INFORMATION

Name: _____ Breed: _____

Age: _____ Weight: _____ Color: _____ Hair: Short Medium Long

Gender: Male Female Is your dog spayed or neutered? Yes No

VETERINARIAN INFORMATION

Name: _____

Address: _____ Phone #: _____

This form must be accompanied by a copy of a current Rabies Vaccination Certificate from your veterinarian. Invoices or receipts will not be accepted as proof of vaccination.

Annual Fees

\$8.00-Spayed or Neutered Dogs

\$10.00-Intact Dogs

OFFICE USE ONLY

City Tag #: _____ City Expiration: _____

Rabies Tag #: _____ Rabies Expiration: _____

Fee: _____ Date Paid: _____

Issued By: _____