



PLEASE INCLUDE A COPY OF THE RABIES CERTIFICATE
WITH THIS FORM. PET TAGS WILL NOT BE ISSUED
WITHOUT A COPY OF THE RABIES CERTIFICATE.

Pet registration

OWNERS INFORMATION

First Name		Last	
Address			
City		Zipcode	
Mobile Number		Other Contact	
Email			

PETS INFORMATION

Name		Age	
Color		Breed	
Sex		Spayed/Neutered	
Rabies Vaccine Date:		Exp. Date	
Veterinarian			

PETS INFORMATION

Name		Age	
Color		Breed	
Sex		Spayed/Neutered	
Rabies Vaccine Date:		Exp. Date	
Veterinarian			

SPAYED/NEUTERED FEE: \$5.00 PER PET
NON SPAYED/NEUTERED FEE: \$10 PER PET

City Official			
Date		Payment Type	
Amount Paid		Tag #	
 Notes			