



Animal Registration

Owner Name: _____

Owner Address: _____ Telephone # _____

Date of Birth: _____ DLN/SSN: _____

Animal Name: _____

Address of where dog maintained _____

Animal Type: _____ Breed: _____

Coloring: _____

Age: _____ Weight: _____ Sex: _____

Veterinary: _____ Spayed/Neutered: _____

Vaccinations: _____ Date: _____

Rabies Tag #: _____

I assume responsibility and ownership for the above named animal. I have read, understood, and agree to comply with and be bound by all applicable animal ordinance regulations.

I understand that failure to comply, with the animal ordinance and regulations, can result in a complaint being filed and removal of the animal.

Owners Signature

Date

Code/Animal Control Officer

Date

