

ANNUAL DOG REGISTRATION

Dog's Name _____ Date _____

Breed _____ Sex _____ Age _____

Color _____ Weight _____

Neutered Spayed Not Neutered or Spayed
(Please circle one)

Year number on rabies tag _____

Tag number near bottom of tag _____

1 year vaccination or 3 year vaccination
(Please circle one)

Name of vet clinic on tag _____

Phone number of clinic _____

Microchip Number _____

Fee enclosed for this dog \$ _____

Owner's Name(s) _____

Street address _____

Phone number(s) _____

Alternate contact name & phone number

Owner's signature _____