



**\*\*\*Important – Dog Registration Code is changing\*\*\***

**The Village of Point Venture requires all dogs to be registered with proof of rabies on file at the office - It is now time to register your dog or to renew your dog's records and provide proof of rabies vaccination.**

**Effective Jan 2025 – all renewal OR new registrations will be \$5 and are LIFETIME!**

Please see details below, complete your registration or renewal and send to [aco@vopv.org](mailto:aco@vopv.org), or drop it off at 411 Lohman Ford. Let us know if you have any questions.

THANK YOU!

- Complete Registration Form (attached)
- Copy of Current Rabies Certificate
- Photo of Your Dog
- Payment – Cash or Check (make checks payable to the Village of Point Venture)
- Payment Amount (per dog): LIFETIME \$5
- ✓ To read the Village of Point Venture's Animal Control ordinances, or to print additional registration forms, go to [www.vopv.org](http://www.vopv.org)

You will receive a receipt confirming your registration or renewal, as well as a Rabies vaccine renewal due date for your records. Animal Services will send a monthly reminder 30 days in advance for any upcoming rabies records due.

Tony Reynolds  
Animal Control Officer  
[aco@vopv.org](mailto:aco@vopv.org)  
411 Lohman Ford Road  
Point Venture, Texas 78645  
512-267-5511  
512-988-7206 cell



PV Tag # Issued \_\_\_\_\_

## DOG REGISTRATION FORM 2025

The Village of Point Venture requires the owner of a dog that is four (4) months of age and located within the Village limits to register and provide proof of up-to-date rabies vaccination. The Village registers pets annually and your registration is good for the life of your pet. Should your pet be lost, registration helps Animal Services reunite you with your pet, ensures compliance with state laws on rabies vaccination, and shortens your pet's hold time at a shelter.

☐ NEW REGISTRATION

☐ DOG ON FILE – UPDATING INFORMATION

OWNER'S NAME \_\_\_\_\_

OWNER'S PH# \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ COLOR: \_\_\_\_\_

☐ ☐  
GENDER: MALE FEMALE AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

### RABIES VACCINATION INFORMATION (VERY IMPORTANT):

RABIES TAG# \_\_\_\_\_ YEAR ON TAG \_\_\_\_\_

☐ ☐  
1 YEAR VACCINE 3 YEAR VACCINE (Please check one) Must provide record of current vaccine

RABIES EXPIRATION DATE: \_\_\_\_\_

VET CLINIC \_\_\_\_\_ PHONE# \_\_\_\_\_

MICRO CHIP#: \_\_\_\_\_

ALTERNATE CONTACTS AND PHONE# \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

Office Use Only: Paid by: ☐ Cash ☐ Check Date: \_\_\_\_\_