

Animal Registration Application

3219 California Pkwy, Forest Hill, TX 76119
Phone: (817) 806-4561 Fax: (817) 984-8254



Date: _____

Applicant Name: _____

Address: _____

Phone #: _____

Email: _____

Emergency Contact: _____

Phone #: _____

ANIMAL INFORMATION:

Animal Type: _____ Breed: _____

Color: _____ Sex: _____

Sterilized (circle one): YES NO

Microchipped (circle one): YES NO Chip #: _____

Vaccination Date: _____

Distinctive characteristics: _____

Other pertinent information:

Applicant Signature

Date

Office Use:

Tag ID # issued: _____