

Tag# \_\_\_\_\_

## Animal Registration Form

Species	Color/Markings	Breed	Sex	Age	Rabies Tag #	Sterilized?	Fee
Dog			M			Yes	\$10
Cat			F			No	\$25
						Rabies Expiration Date:	

By my signature below, I certify that each animal is currently inoculated against rabies in accordance with the laws of the State of North Carolina. I further certify that the information given above is true and correct.

**Owners Signature:** \_\_\_\_\_

Pet's Name:	Owner's Name:
Address:	
Primary Phone:	Secondary Phone:
Email:	

*Please also include emergency contact information (veterinarian/neighbor/relative) on the back of this form.*

**This form must be submitted with written documentation of spaying and neutering from licensed veterinarian and verification of most recent rabies vaccinations.**

## Emergency Contact Information

(You must fill out at least one emergency contact.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Extra information we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Completed by Staff

Amt. Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_