

# DOG REGISTRATION FORM

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Owner or Resident: \_\_\_\_\_

Address: \_\_\_\_\_

Dogs Name \_\_\_\_\_ Dogs Age: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Dog's License/Tag Number: \_\_\_\_\_

Dog Breed: \_\_\_\_\_

Dogs Name \_\_\_\_\_ Dogs Age: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Dog's License/Tag Number: \_\_\_\_\_

Dog Breed: \_\_\_\_\_

**Attach a copy of the dog's "Proof of Vaccinations," and a photo must be included with the Dog Registration Form.**