Dog Registration Form

City of Nixon, Texas
Code Compliance Department
100 W. 3rd Street, Nixon, TX 78140
codecompliance@nixon.texas.gov

Owner Information

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email (optional): _____

Dog Information

Dog's Name: _____

Breed: _____

Color/Markings: _____

Sex: ☐ Male ☐ Female

Spayed/Neutered: ☐ Yes ☐ No

Approximate Age or DOB: _____

Microchipped: ☐ Yes ☐ No

Microchip Number (if applicable): _____

Rabies Vaccination (Attach copy of current certificate)

Veterinarian Name: _____

Clinic Name: _____

Date of Vaccination: _____

Expiration Date: _____

Registration Type

☐ New Registration
☐ Renewal

Owner Certification

I certify that the above information is true and correct. I agree to comply with all city ordinances relating to pet ownership and control. I understand that failure to comply may result in fines or revocation of this registration.

Signature: _____

Date: _____