

# City Of Denton Animal Registration Certificate

(please register only one animal per form)

<b>OWNER'S NAME &amp; ADDRESS</b>			<b>PRINT WITH BALL POINT PEN OR TYPE</b>
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LAST	FIRST	M.I.	TELEPHONE NO.  ( 940 )      —
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No.	STREET	APT.#	ZIP CODE
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<b>SPECIES</b> (check only one):  <input type="radio"/> Canine  <input type="radio"/> Feline	<b>SEX:</b>  <input type="radio"/> Male  <input type="radio"/> Female	<b>ALTERED?</b> (check only one)  <input type="radio"/> Neutered <input type="radio"/> Spayed <input type="radio"/> Unaltered	<b>AGE:</b> (check only one)  <input type="radio"/> Birth to 3 mos. <input type="radio"/> 3 mos. to 12 mos. <input type="radio"/> over 12 mos.	<b>SIZE/WEIGHT</b> (check only one)  <input type="radio"/> Under 20 lbs. <input type="radio"/> 20 - 50 lbs. <input type="radio"/> over 50 lbs.	<b>BREED(S):</b> <i>even if your pet is a mixed breed, please identify known heritage or breed(s) the animal most resembles:</i>
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<b>NAME OF ANIMAL:</b> <i>(If animal has a "show" name, please include both the show name &amp; the name the animal responds to when called &amp; listed in Vet records)</i>	<b>COLOR(S):</b> <i>Please list most prominent colors of your animal:</i>
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<b>DATE OF VACCINATION</b> <i>Vet-supplied Rabies certificate must be attached as proof (mm/dd/yyyy):</i>	<b>VETERINARIAN INFORMATION</b> NAME: ADDRESS: PHONE: ( 940)	<div style="text-align: right; font-size: small;">STAFF ONLY</div> <b>REGISTRATION TAG NUMBER:</b> _____  <b>EFFECTIVE DATE</b> (mm/dd/yyyy): _____
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