



City of Denton Animal Registration Certificate

Vet – supplied Rabies certificate must be presented/attached as proof of vaccination.

Owner Information

First Name _____
Last Name _____
Address _____
City / State _____
Zip _____
Phone _____ Alt Phone _____
Email _____

Animal Information

Animal Name _____ **Age:** _____

Species: Canine Feline **Breed:** _____ **Color:** _____

Sex: Male Female **Altered (select one)** Spayed Neutered Unaltered

Size / Weight Under 20lbs 20 – 50lbs over 50lbs

Veterinarian Information

Name _____

Address _____

Phone _____ **Vaccination Date** _____

Registration Tag Number

Effective Date:
