



Animal Registration

Registration Date: _____ City ID #: _____ Other ID #: _____

Breed: _____ Sex: _____ Age: _____ Weight: _____

Color(s)/Marking(s): _____

Animal's Name: _____

Mommy's Name: _____ Phone #: _____

Daddy's Name: _____ Phone #: _____

Next of Kin (Other): _____ Phone #: _____

Animal's Address: _____

City: _____ State: TX Zip: 75452

Texas Veterinarian Supplied Rabies Certificate Required

Date of Vaccination _____

Veterinarian Information

Name: _____

Address: _____

Phone #: _____

Attach Copy of Rabies Certification