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## ANIMAL REGISTRATION 2019

Today's Date \_\_\_\_\_

Pet Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate No. \_\_\_\_\_

No. of animals in household \_\_\_\_ (No more than 3 total pets over age of 6 weeks)

Vets Name \_\_\_\_\_

Health Record: copy to show proof of vaccinations and breeding status for each pet(s):

Photo:  Yes  No

RESTRICTIONS: \_\_\_\_\_

Animal Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male  Female  Coat: Long  Short

Color, Markings, Temperament: \_\_\_\_\_

Breeding Status: Spayed  Neutered  Intact

Shot Record: Yes  No

(Please attached shot record)