

## Animal Registration

Registration Date:	City ID #:	Other ID #:	Species:
Breed:	Sex:	Age:	Weight:
Color(s)/Marking(s):			
Animal's Name:			
Owner's Name:		Phone #:	
Owner's Name:		Phone #:	
Next of Kin (Other):		Phone #:	
Animal's Address:			
City: Leonard State: TX Zip: 75452			
1 year registration \$5	2 year registrati	on \$9 3 year re	egistration \$13
City registration will coincide with rabies vaccine.			
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City regist			
Texas Veterinaria	n Supplied Ra		te Required
Texas Veterinaria	n Supplied Ra	abies Certificat	te Required
Texas Veterinaria (Fill out or A	n Supplied Ra	abies Certificat	te Required
Texas Veterinarian  (Fill out or A	n Supplied Ra	abies Certificat	te Required
Texas Veterinarian  (Fill out or A)  Date of Vaccination  Vaccination Expiration	n Supplied Ra	abies Certificat	te Required
Texas Veterinarian  (Fill out or A)  Date of Vaccination  Vaccination Expiration  Veterinarian Information	n Supplied Ra	abies Certificat	te Required
Texas Veterinarian  (Fill out or A)  Date of Vaccination  Vaccination Expiration  Veterinarian Information  Name:	n Supplied Ra	abies Certificat	te Required



