



**ANNUAL REGISTRATION FORM**  
*Rabies Vaccination Certificate Required for Registration*

|  |                       |           |  |
|--|-----------------------|-----------|--|
| TODAY'S DATE   | OWNER'S NAME          |           |  |
| THIS REGISTRATION IS:<br><br><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL | ADDRESS               |           |  |
|  | HM. PHONE             | WK. PHONE |  |
| VACCINATED BY: <i>(Vet. Name or Hospital)</i>  | EMERGENCY CONTACT NO. |           |  |

**DOG(S)**

|          |                 |  |                 |
|----------|-----------------|--|-----------------|
| <b>1</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |
| <b>2</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |
| <b>3</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |
| <b>4</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |

**CAT(S)**

|          |                 |  |                 |
|----------|-----------------|--|-----------------|
| <b>1</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |
| <b>2</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |
| <b>3</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |
| <b>4</b> | BREED TYPE      | SEX  | COLOR           |
|          | NAME            |  | TOWN TAG NUMBER |
|          | DATE VACCINATED | VACCINATION TYPE<br><i>Check One</i> <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |                 |