

VILLAGE OF POINT VENTURE

DOG REGISTRATION

OWNERS NAME _____

OWNERS PH# _____ OWNERS CELL# _____

ADDRESS _____ EMAIL _____

DOGS NAME _____ BREED _____ COLOR: _____

GENDER: MALE FEMALE NEUTERED/SPAYED: YES NO (Please circle one)

AGE _____ WEIGHT _____

RABIES VACCINATION INFORMATION (VERY IMPORTANT)

RABIES TAG# _____ YEAR ON TAG _____

VET CLINIC _____ PH# _____

1 YEAR VACCINE 3 YEAR VACCINE (Please circle one)

REGISTRATION LENGTH: 1 YEAR (\$5) 2 YEAR (\$9) 3 YEAR (\$12) (Please circle one)

(VACCINE MUST BE CURRENT TO THE YEAR YOU ARE REGISTERING)

MICRO CHIP#: _____

PICTURE OF DOG: ENCLOSED EMAILED ON FILE (Please circle one)

ALTERNATE CONTACTS AND PHONE# _____

OWNERS SIGNATURE _____