



VILLAGE OF POINT VENTURE DOG REGISTRATION

It is a Village of Point Venture ordinance that all dogs must be registered. It is now time to register your dog or to renew your dog's registration. Please provide the following information to the Village Office as soon as possible, the deadline for registration is March 31st.

- Completed Registration Form (attached)
- Copy of Current Rabies Vaccination Record
- Photo of Your Dog – either attach a photo to your registration form, or send a photo via e-mail to aco@vopv.org
- Payment – Cash or Check (make checks payable to the Village of Point Venture)
Payment Amounts (per dog): 1 YEAR = \$5 / 2 YEARS = \$9 / 3 YEARS = \$12

IMPORTANT: If you are registering your dog for multiple years, the rabies vaccination must be valid through the entire registration period.

- ✓ When you receive your dog's new registration tag, please attach it to your dog's collar and discard the old tag.
- ✓ To read the Village of Point Venture's animal control ordinances, or to print additional registration forms, go to www.vopv.org

The Village of Point Venture would like to thank you for registering your dog(s), and for keeping our community and animals safe.

Tommy Low
Animal Control Officer
aco@vopv.org
411 Lohman Ford Road
Point Venture, Texas 78645
512-267-5511
512-988-7206 cell



PV Tag # Issued _____

DOG REGISTRATION FORM

The Village or Point Venture Ordinance 2010-07-01 requires the owner of a dog that is four (4) months of age and located within the Village limits to register and provide proof of up to date rabies vaccination. The Village has open registration period annually for 1, 2 or 3 years registrations. Should your pet be lost, registration helps Animal Control reunite you with your pet, lengthens your pet's hold time at a shelter and reduces fees associated with reclaiming a lost pet.

- NEW REGISTRATION
- DOG ON FILE – UPDATING INFORMATION

OWNER'S NAME _____

OWNER'S PH# _____ OWNER'S ALT PH# _____

ADDRESS _____ EMAIL _____

DOG'S NAME _____ BREED _____ COLOR: _____

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

AGE _____ WEIGHT _____

RABIES VACCINATION INFORMATION (VERY IMPORTANT) RABIES TAG#

_____ YEAR ON TAG _____

1 YEAR VACCINE 3 YEAR VACCINE (Please check one) Must provide record of current vaccine

RABIES EXPIRATION DATE: _____

VET CLINIC _____ PHONE# _____

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

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

MICRO CHIP#: _____

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

ALTERNATE CONTACTS AND PHONE# _____

OWNER'S SIGNATURE _____

Office Use Only: Paid by: Cash Check