

Microchip and County Tag Registration

Please **PRINT NEATLY** to avoid us entering incorrect information.

Today's date: _____

Information Consent:

Do you consent to release your information to private citizens who may find your animal?

Check and Initial:

_____ **Yes**, I consent. **Initial:** _____

_____ **No**, do not release to public. **Initial:** _____

Owner's Name:

First: _____ M.I.: _____

Last: _____

Spouse's Name:

First: _____ M.I.: _____

Last: _____

Your Home Address (Physical):

Address: _____ Apt# _____

City: _____

State: _____ Zip Code: _____

"Inside" Bryan/College Station **City** Limits: Yes No

Mailing Address (If different than above):

Address: _____

City: _____

State: _____ Zip Code: _____

Email (Required for Adopters to receive free "Shelter Care" 30 Day Policy):

Telephone:

Primary: _____

Circle: Home Cell Other: _____

Secondary: _____

Circle: Home Cell Other: _____

Alternate Contact: RELATION: _____

First: _____ M.I.: _____

Last: _____

Primary Phone: _____

Secondary Phone: _____

Veterinarian Contact:

Clinic Name: _____

Phone Number: _____

All of the following must be completed: Pet's Name, Species, Breed, Size, Color, Sex, and Date of Birth

Pet's Name: _____

Or "No name decided yet"

Species:

Circle: Dog Cat Other: _____

Breed: _____

If "Mix", what predominant breed:

(Example: Terrier, Lab, Hound, etc.....)

Adult Size (Circle):

Small (less than 25lbs) **Medium** (26 – 50lbs)

Large (51 – 100lbs) **X-Large** (over 100lbs)

Color: _____

Pet's Sex: Male Female

Spayed/Neutered: Yes No

Estimated Age: _____

Birthdate: ____/____/____

If age unknown (circle):

Juvenile (less than 6 months) Adult (older than 6 months)

For AgHS Staff to complete:

Impound

Adoption

Public

Card#: _____

Microchip number:

County Tag #: _____

Expiration date: _____

Rabies Vaccination Date:

Date of: _____ (Circle): 1 yr 3 yr

Administering Vet: _____

Clinic number : _____