

# 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 : \_\_\_\_\_