

# Microchip and County Tag Registration

Please provide as much contact information as possible- this information will help your pet get home!

Do you consent to release your contact information to private citizens who may find your animal for reunification purposes?

Yes, I consent.

No, do not release to public.

## Owner's Name:

First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last: \_\_\_\_\_

## Owner's Home Address (Physical):

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Owner Phone Number:

\_\_\_\_\_

## Owner Email Address:

\_\_\_\_\_

## 1. Alternate Contact: Relation: \_\_\_\_\_

First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 2. Alternate Contact: Relation: \_\_\_\_\_

First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Veterinarian Contact:

Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Pet's Name:

\_\_\_\_\_

Species: Dog Cat Other: \_\_\_\_\_

Breed: \_\_\_\_\_

If "Mix", list predominant breed if known:

\_\_\_\_\_

## Adult Size (Circle):

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

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

## Color/ description:

\_\_\_\_\_

\_\_\_\_\_

Pet's Sex: Male Female

Spayed/Neutered: Yes No

Estimated Age: \_\_\_\_\_

Birthdate if known: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For AgHS Staff to complete

*Circle which services were provided to client*

**Microchip** (place copy of MC sticker below)

**Rabies** (write rabies tag number below)

**Food Distribution**

# Registro de Microchip y Licencia del Condado

Por favor llene con toda la información posible- esto ayudará a que su mascota llegue a casa!

Da su consentimiento para publicar su información al publico si alguien encuentra a su mascota?

**Si**, doy mi consentimiento

**No**, no doy mi consentimiento

## Nombre del Dueo:

Nombre: \_\_\_\_\_

## Dirección del Dueo:

Dirección: \_\_\_\_\_ # \_\_\_\_\_

Ciudad: \_\_\_\_\_

Estado: \_\_\_\_\_ Codigo Postal: \_\_\_\_\_

## Número de Teléfono:

\_\_\_\_\_

## Correo Electronico:

\_\_\_\_\_

## 1. Contacto Alternativo:

Nombre: \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_

## 2. Contacto Alternativo:

Nombre: \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_

## Contacto Veterinario:

Veterinario: \_\_\_\_\_

Número de Teléfono: \_\_\_\_\_

Nombre de Mascota: \_\_\_\_\_

Raza de Mascota: \_\_\_\_\_

\_\_\_\_\_

## Tamano:

Pequeno Mediano Grande X-Grande

## Color y Descripción:

\_\_\_\_\_

\_\_\_\_\_

Sexo de Mascota: Macho Hembra

Esterilizado: Si No

Edad Estimada: \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_

### For AgHS Staff to complete

*Circle which services were provided to client*

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**Food Distribution**