

# COMMUNITY NAME Pet Registration

## OWNER INFORMATION

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ OR Facebook Profile Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

## PET #1 INFORMATION

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

Dog Cat Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

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

Microchipped: Yes No If Yes Number if known: \_\_\_\_\_

Rabies Vaccinated: Yes No Unknown

## PET #2 INFORMATION

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

Dog Cat Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

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

Microchipped: Yes No If Yes Number if known: \_\_\_\_\_

Rabies Vaccinated: Yes No Unknown

## PET #3 INFORMATION

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

Dog Cat Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

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

Microchipped: Yes No If Yes Number if known: \_\_\_\_\_

Rabies Vaccinated: Yes No Unknown

**PET #4 INFORMATION**

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

Dog Cat Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

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

Rabies Vaccinated: Yes No Unknown

**PET #5 INFORMATION**

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

Dog Cat Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

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

Rabies Vaccinated: Yes No Unknown

**PET #6 INFORMATION**

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

Dog Cat Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

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

Rabies Vaccinated: Yes No Unknown

**PET #7 INFORMATION**

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

Dog Cat Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

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

Rabies Vaccinated: Yes No Unknown

I declare that I am the rightful owner of the above pet(s). I will take responsibility and feed, and care for my pet(s). I further acknowledge that it is my sole responsibility for the vet care when they need it. I will obey all animal-related bylaws and regulations. I acknowledge that this information will be shared with Matawa Animal Wellness Services and consent to them contacting me regarding veterinary clinic events.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_