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# Animal Registration Form

(Please Print Clearly)

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

## OWNER INFORMATION

Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number ( <input type="checkbox"/> Home <input type="checkbox"/> Cell):		
Email:		

## ANIMAL INFORMATION

Animal Name:		
Species:	Breed:	
Age:	Gender:	List Colors/Markings:
Spayed/Neutered: Yes      No		Microchip: Yes      No Microchip Number:

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

## OFFICE USE ONLY

City Tag Number:	ACO Initials:
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