



Office Use Only:

RV Verified By: \_\_\_\_\_ Paid: \_\_\_\_\_

Animal # \_\_\_\_\_

## Microchip Registration Form

Microchip Number: \_\_\_\_\_

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

Type: Dog  Cat  Other  \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Weight: \_\_\_\_\_ Gender: Female  Male  Unknown

Altered (Spayed or Neutered): Yes  No  Unknown

Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

Color Pattern: \_\_\_\_\_ (i.e. Tricolor)

Vet's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Rabies Vaccine \_\_\_\_\_ 1 Year  3 Year

Owner's Name: \_\_\_\_\_

*If you have multiple pets, you only need to fill out your contact information once.*

Address: \_\_\_\_\_  
(Number) (Direction) (Street Name) (Type i.e. Street) (Direction)

Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Circle One: Personal or Business)

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_