



# RABIES & MICROCHIP CLINIC

## PRE REGISTRATION FORM

**I am registering for (check all that apply):** Rabies  Microchip

### OWNER INFORMATION

Owner Name \_\_\_\_\_

E-mail \_\_\_\_\_

Physical Address \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### ABOUT YOUR PET

Animal Name \_\_\_\_\_

Species:  Cat  Dog

Primary Breed \_\_\_\_\_ Purebred  Yes  No

Secondary Breed \_\_\_\_\_ Fur Length \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_ Gender  Male  Female

Is your pet spayed / neutered?  Yes  No

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

Size of Animal:  Small  Medium  Large  Extra Large

**STAFF USE:** Event & Date \_\_\_\_\_ # of Animals \_\_\_\_\_