



## Pet Registration Form

Laredo City Ordinance 2011-0-093 amending Chapter 6, Animal and Fowl, Sec. 6-119 on July 18, 2011 requires all dogs and cats to be registred with the Laredo Animal Care Services Department. To register your pet you must submit this application form along with (1) a nonreturnable COPY of certificate documenting proof of an affixed microchip, (2) a non returnable COPY of the pet's current valid U.S. rabies vaccination certificate, and (3) the REGISTRATION FEE of \$5.00 for nonspayed/non-neutered pet or \$2.00 for spayed/neutered pets with nonreturnable copy of proof of procedure. (Please use a black or blue ink and print clearly)

<input type="checkbox"/> New Registration	<input type="checkbox"/> Renewal Registration	Method : <input type="checkbox"/> Mail <input type="checkbox"/> In person at:
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Microchip #:	(Place microchip barcode here, if available)
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Microchipped at:	Microchipped Date:
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Rabies Tag #:	Rabies Vacc. Date:	Rabies Vacc Expire Date:
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Administered at (Clinic/Vet): \_\_\_\_\_

Pet Name:	Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/>
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered/Spayed: <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	Primary Breed: _____ 2nd: _____
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DOB:	Age: <input type="checkbox"/> Under 4 Mo. <input type="checkbox"/> Adult <input type="checkbox"/> Puppy/Kitten <input type="checkbox"/> Senior	Size: <input type="checkbox"/> Mini <input type="checkbox"/> Medium <input type="checkbox"/> Small <input type="checkbox"/> Large
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COLOR: Primary _____	Color 2. _____	Color 3: _____
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### OWNER INFORMATION ( Must be 18 years or older)

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Hm Address \_\_\_\_\_ Hm Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver Lic#: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

### OWNER'S AFFIRMATION

I affirm that the information given herein is correct and agree to comply with all provisions of the City of Laredo ordinances and with all orders by the Laredo Animal Care Services Director or his representative. I understand that failure to provide accurate information on this registration form may result in an invalid pet registration and violation of the ordinance.

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

### PAYMENT INFORMATION

**Registration by Mail:** Only checks or money orders made out to the Laredo Animal Care Services will be accepted as payment. Mail payment with documents to the City of Laredo Animal Care Services: 5202 Maher Laredo, Tx: 78041 (956)625-1860.

**Registration in Person:** Standard methods,cash, major credit,/debit cards, are accepted at the LACS office.

For Office Use Only: Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_