



Town of Coulee Dam Pet Registration Form

Tag # CD- _____
Date Issued _____

Owners Name Last Name First Name Middle

Address: _____

City: _____ Phone: _____

Pet Type: ___ Dog ___ Cat Sex: ___ Male ___ Female

Pet Name: _____ Age: _____
Veterinarian: _____ Weight: _____
Breed: _____
Colors/Marks _____

Spayed/Neutered: ___ Yes ___ No

Shots Issued

Distemper: ___ Yes ___ No
Rabies: ___ Yes ___ No
Parvo Virus: ___ Yes ___ No
Leukemia: ___ Yes ___ No

Additional Information If Any:

Signature
