



## 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:	
Microchip #:			(Place microchip barcode here, if available)		
Microchipped at:			Microchipped Date:		
Rabies Tag #:		Rabies Vacc. Date:		Rabies Vacc Expire Date:	
Administered at (Clinic/Vet):					
Pet Name:			Type: Dog <input type="checkbox"/> Cat <input type="checkbox"/>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Primary Breed: _____ 2nd: _____			
Neutered/Spayed: <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed		Size: <input type="checkbox"/> Mini <input type="checkbox"/> Medium <input type="checkbox"/> Small <input type="checkbox"/> Large			
DOB: _____		Age: <input type="checkbox"/> Under 4 Mo. <input type="checkbox"/> Adult <input type="checkbox"/> Puppy/Kitten <input type="checkbox"/> Senior			
COLOR: Primary _____		Color 2: _____		Color 3: _____	
<b>OWNER INFORMATION ( Must be 18 years or older)</b>					
First Name: _____		Middle _____		Last _____	
Hm Address _____				Hm Phone: _____	
City: _____ State: _____ Zip: _____				Wk Phone: _____	
Mailing Address: _____				Celll Phone: _____	
City: _____		State: _____		Zip: _____ Date of Birth: _____	
Driver Lic#: _____		State: _____		Email: _____	
Contact Name 1: _____				Phone: _____	
Contact Name 2: _____				Phone: _____	
<b>OWNER'S AFFIRMTION</b>					
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 faliture to provide accurate information on this registration form may result in an invalid pet registration and violation of the ordinance.					
Signature _____			Date of Signature _____		
<b>PAYMENT INFORMATION</b>					
<b>Registration by Mail:</b> 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.					
<b>Registration in Person:</b> Standard methods,cash, major credit,/debit cards, are accepted at the LACS office.					
For Office Use Only: Received by: _____ Date: _____ Receipt #: _____					