

CITY OF BUFFALO  
APPLICATION FOR PET REGISTRATION

DATE: \_\_\_\_\_

TAG: \_\_\_\_\_

Owner Information

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

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (903) \_\_\_\_\_

Animal Information

Species:  Canine  Feline

Sex:  Male  Female

Spayed/Neutered  Yes  No

Name of Animal: \_\_\_\_\_

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

Color: \_\_\_\_\_

Approximate Age: \_\_\_\_\_

Date of Rabies Vaccination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Copy Received:  YES  NO