



City of Rockwall
The New Horizon

ROCKWALL ANIMAL SERVICES DOG / CAT REGISTRATION



Owner: _____

Home#: _____

Address _____

Work#: _____

of Animals

Cell#: _____

----- Animal # 1 -----

Dog

Cat

Name: _____

Rabies Vac. - Date Issued: _____

Age: Sex:

Vet Name & Phone#:

Breed (Dog)

Vet Name & Phone (Other): _____

Breed (Cat)

Rabies Tag #: _____

Color:

Micro Chip #: _____

Size (Dog Only)

(Official Use) Date Registration Issued: _____

Registration Fee:

(Official Use) Registration Tag #: _____

----- Animal # 2 -----

Dog

Cat

Name: _____

Rabies Vac. - Date Issued: _____

Age: Sex:

Vet Name & Phone#:

Breed (Dog)

Vet Name & Phone (Other): _____

Breed (Cat)

Rabies Tag #: _____

Color:

Micro Chip #: _____

Size (Dog Only)

(Official Use) Date Registration Issued: _____

Registration Fee:

(Official Use) Registration Tag #: _____