



City of Stafford

Animal Control Division

Pet Registration Form



OWNER / PET INFORMATION:

Date: _____

Owner Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Pet Name: _____

Species: _____

Breed: _____

Color: _____

Sex: _____

Age: _____

Weight: _____

RABIES VACCINATION:

Clinic Name: _____

Rabies Tag #: _____ Expires: _____

Contact # for Clinic: _____

CITY OF STAFFORD TAG INFORMATION:

Tag #: _____

Issue Date: _____ Expiration Date: _____

FEES:

City Registration \$2.00
Kennel Fees \$7.50 / day