



Town of Coulee Dam

Pet Registration Form

Tag # CD-_____

Date Issued _____

Owners Name _____
Last Name First Name

Address: _____
_____ 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

For Office Use:

Amount Due: _____

Date Paid: _____

Issued by: _____