

Registration Application for Dogs/Cats Saginaw Animal Services

	7			Renewal:	First Time:
Name (Print Clean					
Address			City	State	Zip
Primary Phone	Se	econdary Phone		E-mail (Optional	
Driver's License	or ID St	ate Expiration		Date of Birth	
		PET INFO	PRMATION		
Name: Species:	() Dog, () Cat				
Breed: Gender:	() Male () Female () Sterilized				
Color:					
Age: Size:	() Small () Medium () Large	() Small () Medium () Large	() Small () Medium () Large	() Small () Medium () Large	() Small () Medium () Large
Rabies Number	•				
Date	() 1yr, () 3yr	() 1yr,() 3yr			
Veterinarian:					
City License:	() 1yr, () 3yr				
Animal Notes:					



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Renewal: ____ First Time: ____

Name (Print Clea	rly)		Date			
Address Primary Phone Secondary Pho			City	State Zip E-mail (Optional)		
Oriver's License or ID State		tate Exp	Expiration			
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Name: Species:	() Dog, () Cat	() Dog, () Cat	() Dog, () Cat	() Dog, () Cat	() Dog, () Cat	
Breed: Gender:	() Male () Female () Sterilized	() Male () Female () Sterilized	() Male () Female () Sterilized	() Male () Female () Sterilized	() Male () Female () Sterilized	
Color:	·					
Age: Size:	() Small () Medium () Large	() Small () Medium () Large	() Small () Medium () Large	() Small () Medium () Large	() Small () Medium () Large	
Rabies Number	•					
Date	() 1yr, () 3yr	() 1yr, () 3yr	() 1yr,() 3yr	() 1yr, () 3yr	() 1yr,() 3yr	
Veterinarian:			The second of th			
City License:	() 1yr, () 3yr	() 1yr, () 3yr	() 1yr, () 3yr	() 1yr, () 3yr	() 1yr,() 3yr	
Animal Notes:						