

PET REGISTRATION FORM

**MUST HAVE A CURRENT 5X7 COLOR PICTURE &
UPDATED VACCINATION CERTIFICATE**

TWO PETS PER DWELLING; NO PETS OVER 40LBS

OWNER/TENANT NAME: _____ UNIT#: _____

ANIMAL INFORMATION:

☐ Dog(s)
Total Number _____

☐ Cat(s)
Total Number _____

◀ PET № 1:

Pet Name: _____ Age: _____ Weight: _____
40LB MAXIMUM

☐ Male ☐ Female
☐ Neutered Male ☐ Spayed Female

Color: _____

Dog:
Primary Breed: _____ Secondary Breed: _____

Cat Breed (if known): _____ ☐ Long Hair ☐ Medium Hair ☐ Short Hair

◀ PET № 2:

Pet Name: _____ Age: _____ Weight: _____
40LB MAXIMUM

☐ Male ☐ Female
☐ Neutered Male ☐ Spayed Female

Color: _____

Dog:
Primary Breed: _____ Secondary Breed: _____

Cat Breed (if known): _____ ☐ Long Hair ☐ Medium Hair ☐ Short Hair

◀◀◀ PALM BEACH COUNTY RABIES LICENSE TAG NUMBER:

◀◀◀ (Required by Palm Beach County Ordinance 98-22)

Pet 1: County License Tag# _____ Pet 2: County License Tag# _____