CITY OF RANCHO MIRAGE ©

PET REGISTRATION FORM

Affix Photo of Pet

OWNER INFORMATION

Owner's Name:		
Mailing Address:		
City:	State:	Zip:
Physical Address (if different from mailing address):		
City:	State:	Zip:
Telephone Number:	Emergency Number:	

PET INFORMATION

Name:	Gender:	Spayed/Neutered?
Breed:	Primary Color:	Secondary Color:
List any distinguishing markings:		
Birth Date:		

PET REGISTRATION INFORMATION (VOLUNTEER)

It is suggested that you add a photo of your companion animal to your account in the near future

MICROCHIP INFORMATION

EMERGENCY INFORMATION

Type of Microchip (if known):
Friend or family member's name:
Friend or family member's number:
Does your pet have a medical condition which may require treatment?
Primary Veterinary Hospital or Doctor Name:
Hospital/Physician Number:

Owner's Signature: _____ Date: _____

rev. 03/30/2015