

# CITY OF MALVERN

## Pet Registry

### *Animal Information:*

Name \_\_\_\_\_ License Number \_\_\_\_\_  
Age \_\_\_\_\_ Breed \_\_\_\_\_  Canine  Feline  
Color \_\_\_\_\_  Male  Neutered Male  Female  Spayed Female  
Please Attach Proof of Sterilization & Rabies Vaccination Certificate  
Markings \_\_\_\_\_  
Rabies Vaccination Number \_\_\_\_\_ Vet \_\_\_\_\_

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Markings \_\_\_\_\_  
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### *Owner Information:*

Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

License Fee \$ \_\_\_\_\_ Date \_\_\_\_\_