

# Pet Registration Form

## Pet Information (1):

Name: \_\_\_\_\_  Canine  Feline Sex: \_\_\_\_\_ Age/DOB: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered:  Yes  No  
Microchip #: \_\_\_\_\_ Microchip Implant Date: \_\_\_\_\_  
Seen by a Military Vet Clinic?  Yes  No Military Facility Name: \_\_\_\_\_  
Adopting from a registered family?  
Previous Owner's Name: \_\_\_\_\_ Pet's Registered Name: \_\_\_\_\_

## Pet Information (2):

Name: \_\_\_\_\_  Canine  Feline Sex: \_\_\_\_\_ Age/DOB: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered:  Yes  No  
Microchip #: \_\_\_\_\_ Microchip Implant Date: \_\_\_\_\_  
Seen by a Military Vet Clinic?  Yes  No Military Facility Name: \_\_\_\_\_  
Adopting from a registered family?  
Previous Owner's Name: \_\_\_\_\_ Pet's Registered Name: \_\_\_\_\_

## Pet Information (3):

Name: \_\_\_\_\_  Canine  Feline Sex: \_\_\_\_\_ Age/DOB: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered:  Yes  No  
Microchip #: \_\_\_\_\_ Microchip Implant Date: \_\_\_\_\_  
Seen by a Military Vet Clinic?  Yes  No Military Facility Name: \_\_\_\_\_  
Adopting from a registered family?  
Previous Owner's Name: \_\_\_\_\_ Pet's Registered Name: \_\_\_\_\_

## Owner Information:

### Sponsor:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ DSN: \_\_\_\_\_  
Unit: \_\_\_\_\_ Unit Phone Number: \_\_\_\_\_  
Service:  Army  Air Force  Navy  Marines  CIV  Retiree Rank/Grade: \_\_\_\_\_  
APO Address: \_\_\_\_\_  
E-mail Address (most accessible): \_\_\_\_\_

### Spouse:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Primary Contact:  Sponsor  Spouse

\*\*\*If we/any military vet clinic does not have updated records, please bring in immunization records, rabies certificates or FAVN results to complete registration\*\*\*