



City of Stafford

Animal Control Division

Annual Pet Registration Form

***** PLEASE COMPLETE ONE APPLICATION PER PET *****

All dogs and cats four (4) months of age or older are required to be licensed and registered annually.

Owner Information:

Date:	Owner Name:			
Street Address:		City:	State:	Zip:
Home Phone:		Cell Phone:		
Email Address:				

Pet Information:

Pet Name:		Species:		
Breed:		Color:		
Sex:	Age:	Weight:		
Female Male				
Veterinary Clinic Name:				
Rabies Tag #:		Rabies Tag Expiration Date:		
Contact # for Veterinary Clinic:				

Fees:

	QTY	TOTAL
Registration Fee	1 PET	\$2.00
Kennel Fees [# of days x fee amount]	# of Days:	\$7.50

*****REGISTRATION TO BE RENEWED BY DEC. 31ST *****

For Office Use Only

Tag #:	Issue Date:	Expiration Date: December, 31 st , _____
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Receipt No:	
Date Received:	Amount Paid:	Accepted By: