



Physical Address: 501 South Main Street

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VACCINATION INFORMATION

OFFICE USE ONLY

You must provide a copy of Rabies Vaccination Record.

REGISTRATION TAG NUMBER:

Date of Vaccination: (mm/dd/yyyy)

EFFECTIVE DATE:

Name of Veterinary or Clinic:

Address:

Phone:

I swear that I am the lawful owner/legal guardian of the animal described above. I understand that this registration must be renewed annually. I further understand that this registration is non-transferrable to another animal. Furthermore, I understand that the registration tag issued must be affixed to the animals collar or harness and must be worn at all times.

Owner's Signature

Please register only one animal per form

OWNER INFORMATION

Last Name: _____ First Name: _____

Address: _____

Telephone(s): _____ Alternate Phone: _____

Driver's License #: _____ DL State: _____ D.O.B.: _____

ANIMAL INFORMATION

Name of Animal: _____ Color(s): _____

If animal has a "show" name, please include both the show name and name the animal responds to when called and listed in Vet records.

Please list most prominent colors of your animal.

Species: <small>(check only one)</small>	Gender:	Altered: <small>(check only one)</small>	Age: <small>(check only one)</small>	Size/Weight: <small>(check only one)</small>	Breed(s): <small>If mixed breed, please identify known breed(s) the animal most resembles.</small>
<input type="checkbox"/> Canine <input type="checkbox"/> Feline	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Unaltered	<input type="checkbox"/> Birth to 3 mos. <input type="checkbox"/> 3 mos. to 12 mos. <input type="checkbox"/> Over 12 mos.	<input type="checkbox"/> Under 20 lbs. <input type="checkbox"/> 20 – 50 lbs. <input type="checkbox"/> Over 50 lbs.	