

# Pet Registration

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Pet Description:

Kind: \_\_\_\_\_

Type or Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Name: \_\_\_\_\_

Weight: \_\_\_\_\_

**\*\*\*\*\*Please attach copy of current veterinary records to include: breed, weight and rabies record. Also attach copy of the County license\*\*\*\*\***

**Please mail to:**

**Attn: Gina Combs  
CBM  
600 Timble Shoals Blvd, Suite 200  
Newport News, VA 23606  
757-534-7765 FAX**