



Mount Vernon Dog Registration

City Ordinances 56

Owner(s): _____

Address: _____

Email: _____

Cell Phone Number(s): _____

Home number(s): _____

Vet: _____

Vet Phone Number: _____

Dogs Name: _____

Breed: _____

Please select: male ____ female ____

Spayed/Neutered: yes ____ no ____

Date of Birth: _____

Weight: _____

Microchipped: yes ____ no ____

If yes, micro-number: _____

Contact company: _____

Description/Color/Markings: _____

Demeanor: _____

Please Provide:

Proof of current vaccinations ____ Photo of dog ____ Proof of Microchip ____ NA ____

Copy of ordinances 55, 56 and 57 received by owner _____ (Owner initials)

Records

Discount: Over 62 years old- yes ____ no ____ Microchipped: yes ____ no ____

License Number: _____ Fee Paid: \$5.00 or \$10

Records Clerk: Fee Paid Signature: _____ Date: _____