DOG REGISTRATION FORM
Registration Forms must be accompanied by Rabies Vaccination Forms from your Veterinarian

4601 E. OAK ISLAND DR.
OAK ISLAND, NC 28465
(910) 278-5011
(910) 278-1711 (fax)

PLEASE PRINT
Oak Island Animal Control # ______________

Owner Information

Registration Date: ________________________________

Owner’s Name: __________________________________

Address: _______________________________________

Home Phone: ____________________ Other: _______________

Dog Information

Breed: ___________________________ Dog’s Name: ______________________

Color(s): ________________________ Sex: male/female

Spay/Neuter: Yes _____ No _____

Identifying Features: ____________________________________________

Rabies Vaccination & Veterinarian Information

Rabies Vaccination Tag# _____________ Expiration date ___/___/____

Vet’s Name: ______________________ Phone: _____________________

Address: ________________________________________________

Owner’s Signature __________________________ date ___/___/____

Issued by: ______________