

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: _____

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Rabies Vaccination & Veterinarian Information

Rabies Vaccination Tag# _____ Expiration date ____/____/____

Vet's Name: _____ Phone: _____

Address: _____

Owner's Signature _____ date ____/____/____



Issued by: _____