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## PET REGISTRATION FEE FORM

Owner/Tenant's Name:	
Address or Unit #:	
Owner/Tenant's Tel# CELL#:	WK#:
Type of Pet: Breed:	Male Female
Pet's Name :	
Color Weight	City Licensed: YesNo
Last Immunization Date:	Neutered/Spayed?: Yes No
Vets Name & Telephone #:	
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Please attach or email a current picture of your pet. Thank you in advance!

