PET REGISTRATION FORM

Today's Date _____

Name of owners_____

Address _____

Telephone Number _____

Name of Pet _____

Type of Pet _____

Description of pet _____

_____

_____

Veterinarian used _____

Rabies Vaccination Expires: _____

This form needs to be completed and returned to Tripoli City Hall. It can be dropped off in the outside utility box, mailed to PO BOX 587 or emailed to: cityhall@tripoli.ia.gov

If you have any changes in your pet ownership, please contact City Hall at 882-4801 to update our records so they are current.

The registration process is to help us identify your pets if they should get loose or lost, we are able to identify owners.

Thanks for your cooperation.

For office use only:

Approved by: _____ Date: _____

Tag Number: _____