

**CITY OF SANGER
PET REGISTRATION CERTIFICATE**

Owner Info:

Name _____

DL/ID _____

DOB _____

Address _____

Phone # _____

Email Address _____

Pet Info:

Name _____

Type of Pet _____

Breed _____

Sex _____

Color _____

*Date of Last Rabies Shot _____

Vet Name _____

License # _____

Date License Issued _____

**LICENSE EXPIRES 1 YEAR FROM DATE OF ISSUE
RENEW ANNUALLY AT SANGER POLICE DEPARTMENT
209 N. 5TH Street, Sanger, Texas |(940) 458-7444**

Owner's Signature

Date

City Employee's Signature

Date

***NOTE: PROOF OF PET'S VACCINATION MUST BE ATTACHED**