

## WEST WENDOVER POLICE DEPARTMENT



## West Wendover Animal Registration Application

## **Owner Information**

Owner Name:				DOB:	
Physical Address:			Apt		
Mailing Address:			Phone Number:		
City:			State:	Zip Code:	
		Animal In	formation		
Dog	Cat	Other:			
Breed:		Sex:	Born:	Age:	
Weight:	Color:	Ma	arkings:		
Spayed/Neutered	Y/N Animals	Name			
Vaccinated (Date):			Rabies Tag #:		
	V	eterinarian	Informatio	n	
Veterinarian's Name:			Address:		
City:		Stat	e:	Zip Code:	
		Official U	Jse Only		
License Fee:Dat		ate of Issue: _	]	License #:	
Comments:					