



Registration # _____
Date: _____

DECATUR COUNTY SHERIFF'S OFFICE
912 SPRING CREEK ROAD – BAINBRIDGE, GA 39817
Ph: 229-248-3044 Fax: 229-248-3850

PET REGISTRATION FORM

OWNER INFORMATION

Owner's Name _____

Physical Address _____
No P.O. Boxes

Mailing Address _____
If different

PET INFORMATION

Type of Pet: Dog Cat Ferret

Pet Name _____ Male Female Year of Birth _____

Breed _____ Description _____

Special Markings _____

Spayed or Neutered: Yes No Date: _____

Current Vet: _____

****PLEASE PROVIDE PROOF OF RABIES VACCINATION****

Sheriff's Office Use Only

Rabies Vaccination Date: _____ Exp. _____

Rabies Tag Number: _____