



Registration # \_\_\_\_\_  
Date: \_\_\_\_\_

**DEKALB 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: \_\_\_\_\_