



City of Garden Ridge Public Works

9400 Municipal Parkway
Garden Ridge, Texas 78266-2366
(210) 651-6831
Fax (210) 651-9638

Animal Control Pet License Registration 2009

Owners Name _____ Date _____

Address (complete) _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

NAME OF ANIMAL _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<input type="checkbox"/> DOG <input type="checkbox"/> CAT BREED _____	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> SPAYED
COLOR / MARKINGS _____	AGE _____	
—		
NAME OF ANIMAL _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<input type="checkbox"/> DOG <input type="checkbox"/> CAT BREED _____	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> SPAYED
COLOR / MARKINGS _____	AGE _____	
—		
NAME OF ANIMAL _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<input type="checkbox"/> DOG <input type="checkbox"/> CAT BREED _____	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> SPAYED
COLOR / MARKINGS _____	AGE _____	
—		
NAME OF ANIMAL _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<input type="checkbox"/> DOG <input type="checkbox"/> CAT BREED _____	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> SPAYED
COLOR / MARKINGS _____	AGE _____	
—		

Please include a \$5.00 registration fee for each animal, with proof of current rabies vaccination, and make checks payable to the City of Garden Ridge. Send this form, proof of rabies vaccination and your check to City of Garden Ridge, 9400 Municipal Pkwy., Garden Ridge, Texas 78266.

RECEIPT AND REGISTRATION TAGS WILL BE MAILED BACK TO YOU.

Payment amount \$ _____ Signature _____



SEE SECOND PAGE FOR ADDITIONAL REGISTRATION ENTRIES



NAME OF ANIMAL _____ MALE FEMALE
 DOG CAT BREED _____ NUETERED SPAYED
COLOR / MARKINGS _____ AGE _____

NAME OF ANIMAL _____ MALE FEMALE
 DOG CAT BREED _____ NUETERED SPAYED
COLOR / MARKINGS _____ AGE _____

NAME OF ANIMAL _____ MALE FEMALE
 DOG CAT BREED _____ NUETERED SPAYED
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