



# 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

Owners Name \_\_\_\_\_ Date \_\_\_\_\_

Address (complete) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_  MALE  FEMALE  
 DOG  CAT BREED \_\_\_\_\_  NEUTERED  SPAYED  
COLOR / MARKINGS \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_  MALE  FEMALE  
 DOG  CAT BREED \_\_\_\_\_  NEUTERED  SPAYED  
COLOR / MARKINGS \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_  MALE  FEMALE  
 DOG  CAT BREED \_\_\_\_\_  NEUTERED  SPAYED  
COLOR / MARKINGS \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_  MALE  FEMALE  
 DOG  CAT BREED \_\_\_\_\_  NEUTERED  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  
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  
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  
COLOR / MARKINGS \_\_\_\_\_ AGE \_\_\_\_\_

RECEIPT AND REGISTRATION TAGS WILL BE MAILED BACK TO YOU.