City of Bronte, Texas Animal License Registration Form \$5 FEE FOR EACH ANIMAL AND COPY OF VET SHOT RECORDS

(Please Print or Type)

Today's date:				Approved By:					
OWNER INFORMATION									
Owner's Last Name:	First:	Middle:			Mr. Mrs.	MissMs.			
Street address:			Cell Phone #:				Home Phone #:		
			()				()	
P.O. Box:	City:			State:				ZIP Code:	
	E-Mail Address:]			Employer Phone #:	
							()	

PET INFORMATION									
Name: Birth Date: City			City Reg	ity Registered In:					
		/ /	Bronte, T	Bronte, Texas					
Gender? D M D F									
License No.: License Expiration Date:		:	Rabies Certificate No.:		Rabies Expiration Date:				
Breed: Weight:				Color:					
Spayed or Neutered?		🗆 Yes 🛛	N o		·				
Veterinarian – Name/Address/Phone #									

IN CASE OF EMERGENCY							
Name of local friend or relative (not living at same address):	Relationship to owner:	Home phone no.:	Work phone no.:				
		()	()				
The above information is true to the best of my knowledge. I understand that I am responsible for my pet. I also authorize the City of Bronte to keep this record.							
Guardian Signature		Date					

City Secretary Approval Signature

Date

INSERT ANIMAL PHOTO HERE IF AVAILABLE