

Dog Registration Form

Date Completed:	-
 \$60.00 annual registration for Photo of Dog Copy of current Dog Licens Veterinary record (Including inoculations inclusive of rab Proof of flea control treatmet *Re-registration requires completion 	e/Proof of 1 year ownership g proof of 1.5 years of age, spay/neuter date, weight, and all ies)
Faculty/Staff Information	
Name:	
Office Location:	
(Building, Floor, Room #)	
	Dog Information
Dog's Name:	
Breed (Ex. Collie, Terrier, etc.):	
Age:	
Sex:	
Weight:	
Veterinary Information	
Veterinarian Name:	
Veterinarian Phone number:	
Veterinarian Address:	
By completing this form, I agree the Friendly Policy and agree to abide by	at I have read and understand the Moravian University Dog by the guidelines set forth therein.
Employee Signature:	Date: