

## Dog Rogistration Form

Dog Registration Fo	Date Completed:
<ul> <li>\$60 annual registration fee</li> <li>Photo of Dog</li> <li>Copy of current Dog Licens</li> <li>Veterinary record (Including inoculations inclusive of radiculations)</li> <li>Proof of flea control treatm</li> <li>*re-registration requires completion</li> </ul>	se/Proof of 1 year ownership ng proof of 1.5 years of age, spay/neuter date, weight, and all bies)
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 Policy and agree to abide by the gu	at I have read and understand the Moravian College Dog Friendly uidelines set forth therein.
Employee Signature:	Date: