

# Lakewood Hills Improvement District



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## Pet Registration Form

Lakewood Hills Improvement District requires all dogs and cats to be registered with the office for the purpose of maintaining ownership records in the event your pet is lost or found, and to verify that the required rabies vaccinations are current. Please complete this form for each animal you own. Additional forms are available in the office during regular business hours. There is a \$4 registration fee per animal registered with the Lakewood Hills Improvement District Office.

**Owner's Name:** \_\_\_\_\_ **Date of Registration:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State Zip

**Phone Number:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Please attach a copy of rabies vaccine certification from your veterinarian and a current photo of your pet for each animal listed below. Copies can be made at the office if you need assistance.**

### PET ONE

Animal Type: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Spayed/Neutered \_\_\_\_ Approximate Weight: \_\_\_\_

Rabies Tag # (Required by Law): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PET TWO

Animal Type: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Spayed/Neutered \_\_\_\_ Approximate Weight: \_\_\_\_

Rabies Tag # (Required by Law): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PET THREE

Animal Type: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Spayed/Neutered \_\_\_\_ Approximate Weight: \_\_\_\_

Rabies Tag # (Required by Law): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PET FOUR

Animal Type: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Spayed/Neutered \_\_\_\_ Approximate Weight: \_\_\_\_

Rabies Tag # (Required by Law): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Office Use:

Lot #: \_\_\_\_\_ Date Form Received: \_\_\_\_\_ By Who: \_\_\_\_\_

Vaccinations Verified: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_ Contact: \_\_\_\_\_

Tag Number Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Photos Provided: \_\_\_\_ Yes \_\_\_\_ No Insurance Required? \_\_\_\_\_