



Town of Polkton Dog Registration Form

Tag # _____

Pet Owner Information *(Please print)*

First Name Last Name

Physical Address (No PO Boxes)

Mailing Address *(if different from above)*

Phone # (Home) Phone # (Cell) Phone # (Other)

Dog Information *(Please complete additional pages if you own more than one dog)*

Pet Name Pet age Sex

Specific Breed or mix Color Spayed/Neutered (Yes or no)

Description (include any identifying marks such as scars, docked tail/ears, etc.)

Is the dog microchipped or tattooed? If microchipped, please include manufacturer name and chip #.

Vaccination Dates: Rabies Distemper Parvo

By signing below, I acknowledge my understanding of the Town of Polkton's Dog Ordinance. I will register my dog(s) at Polkton Town Hall every year by April 1st at a cost set forth by the town council every year. I will have all of my dog(s) over four (4) months of age vaccinated against rabies and will verify that the registration tag, provided by the Town of Polkton upon registration, is attached to my dog's collar at all times for identification purposes. I understand that failure to do so can result in misdemeanor charges and/or penalties and fines.

Owner's Signature Date

For Office Use Only	Staff Initials _____		
Paid Date _____	Cash/Check # _____	Keyed _____	Copy of Certificate _____