

RESPONSIBLE PET OWNER CLASS PROGRAM REGISTRATION FORM

Owner Information:

Last Name: _____ First Name: _____
Date of Birth: _____ Driver's License _____
Address: _____ Unit # _____
City: _____ ZIP Code: _____
Phone 1: (_____) _____ Phone 2: (_____) _____

Pets:

Dog Cat Breed: _____ Pet's Name: _____
 Neutered Male Intact Male Spayed Female Intact Female
Age: _____ Color/Description: _____
Rabies Vaccination Date: _____ City License Number: _____

Dog Cat Breed: _____ Pet's Name: _____
 Neutered Male Intact Male Spayed Female Intact Female
Age: _____ Color/Description: _____
Rabies Vaccination Date: _____ City License Number: _____

Dog Cat Breed: _____ Pet's Name: _____
 Neutered Male Intact Male Spayed Female Intact Female
Age: _____ Color/Description: _____
Rabies Vaccination Date: _____ City License Number: _____

Dog Cat Breed: _____ Pet's Name: _____
 Neutered Male Intact Male Spayed Female Intact Female
Age: _____ Color/Description: _____
Rabies Vaccination Date: _____ City License Number: _____

I understand that I may choose to attend the Responsible Pet Owner Class to satisfy citations for allowing pets to roam; failure to vaccinate against rabies; failure to purchase and display City license; or failure to maintain sanitary conditions only. I understand that this option can be chosen only once within a 2-year period. If my citations are for other violations, or if I have attended within the last two years, I understand that I will be denied a certificate/dismissal of the citations and I will forfeit my registration fee.

Signature _____