

## PET REGISTRATION FORM

### Owner Information:

Name	Student/Staff ID #	Date of Application	
Address	City	State	Zip Code
Primary Phone Number	Secondary Phone Number	Email Address	
_____ Faculty	_____ Staff	_____ Student: Year Graduating: _____	

### Pet Information:

Pet's Name	Pet Type	Breed
Color	Sex	

By signing the Pet Registration Form, you are agreeing to adhere to MICA's Pet Policy.

Owner Print Name

Owner Signature

Date

### For office use only

MICA Pet ID Tag Number \_\_\_\_\_

Required Information – MUST BE PROVIDED for MICA Pet ID Tag to be issued:

- \_\_\_\_\_ Signed Registration
- \_\_\_\_\_ Signed Liability Waiver
- \_\_\_\_\_ Signed Veterinarian Verification Form
- \_\_\_\_\_ Picture
- \_\_\_\_\_ Brought Animal to Firehouse