



Pet Registration Form

Name: _____
 Address: _____
 Telephone: _____

Pet #1

Species: _____ Weight: _____
 Name: _____ Breed: _____
 Age: _____ Color: _____
 Sex: _____
 Date Vaccinated: _____
 Rabies Tag Number: _____
 Vaccination Expires: _____

Pet #2

Species: _____ Weight: _____
 Name: _____ Breed: _____
 Age: _____ Color: _____
 Sex: _____
 Date Vaccinated: _____
 Rabies Tag Number: _____
 Vaccination Expires: _____

Pet #3

Species: _____ Weight: _____
 Name: _____ Breed: _____
 Age: _____ Color: _____
 Sex: _____
 Date Vaccinated: _____
 Rabies Tag Number: _____
 Vaccination Expires: _____

By signing this Pet Registration Form, you are acknowledging that the above information is correct and complete. This form must be signed by a representative of the Fort Belvoir Veterinary Clinic and returned to your Community Management Office along with a photo of each pet with five (5) business days of occupying a Premises or obtaining a pet.

*******RESTRICTED/VICIOUS BREEDS ARE NOT ALLOWED IN PRIVATIZED HOUSING*******

 Tenant Date

 Fort Belvoir Veterinary Clinic Representative Date

**The Fort Belvoir Veterinary Clinic is located at 10015 Theote Road (Building 610)
 Telephone 703.805.4336**