Town of Coulee Dam

Pet Registration Form

2026

Tag # CD_____ Tag Color: RED CAT

Date Issued_____

Owners Name Last Name First Name

_____ _____

Address: _____

_____

City: _____ Phone: _____

Pet Type: ____Dog ____Cat Sex: ____Male ____Female

Pet Name: _____ Age: _____

Veterinarian: _____ Weight: _____

Breed: _____

Colors/Marks _____

Spayed/Neutered: ___Yes ___No

Shots Issued

Distemper: ___Yes ___No

Rabies: ___Yes ___No

Parvo Virus: ___Yes ___No

Leukemia: ___Yes ___No

Additional Information If Any:

_____

_____

_____

_____

Signature