**Owner Information**

Full Name:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:

Email Address:

**Dog Information**

Name:

Breed:

Gender: M or F

Spay/Neuter: Yes or No

**\*\*\*\*provide certificate from veterinarian\*\*\*\***

Primary Color: Secondary Color:

Markings:

Birth year:

Veterinarian Name:

Rabies Vaccination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Tag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccine Manufacturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*Provide rabies certificate from veterinarian\*\*\*\***

**Fees**

Spay/Neutered Dog: **$5**

Unaltered dog: **$13**

**Check to Town of Berne or Cash**