



VETERINARY SERVICES OFFICE
City Government of Makati
PET REGISTRATION FORM

LICENSE NO. _____

DATE REGISTERED _____

OWNER'S INFORMATION

NAME: _____

ADDRESS _____

BARANGAY: _____

CONTACT NO. _____

PET INFORMATION

NAME: _____

BREED: _____

DATE of BIRTH/AGE: _____

SEX: _____ COLOR: _____

UNDERTAKING

I _____ of _____

hereby conform/agree to the conditions stated in the City Ordinance 2009-009.

It is understood that I know my duties and responsibilities as owner and I will be liable for whatever damage to property and/or injury to person my pet may cause while outside of my premises or at stray.

IMPORTANT REMINDER:

The *Veterinary Services Office* highly recommends vaccinating your dogs versus parvovirus, distemper, leptospirosis, hepatitis & parainfluenza virus (DHLPPi or 5 in 1 vaccine) from private Veterinarians. The *VSO* will not be held liable for illnesses/deaths due to these viral infections after anti-rabies vaccination.

Signature Over Printed Name

Date



PET REGISTRATION FORM

(Please complete 1 form per pet)

CAT

NEW PET

DOG

RENEWAL

OWNER INFORMATION

NAME: _____

ADDRESS: _____ Dasmariñas Village, Makati City

TEL. NO. _____

Cellphone No: _____

E-mail Address _____

Owner`s Representative (if any) _____

Number of dog/s in the household: _____

Other pets in the Household

Number of cat/s in the household : _____

1. _____

2. _____

Signature over Printed Name

PET INFORMATION

PET NAME: _____

Breed: _____

Color: _____

Vaccines given:

Date of Birth: _____

Rabbies

YES

NO

Date Given: _____

Deworming

YES

NO

Date Given: _____

Pet Tag Number: _____

OTHERS VACCINES GIVEN: _____