



# Application for Animal Registry

Founded 1881

Incorporated 1948

P.O. Box 1218

Buda, Texas 78610

Phone (512)312-1001

Fax (512) 295-9308

## Tag # \_\_\_\_\_

Owner Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Drivers License or State I.D. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Other) \_\_\_\_\_

**Due to Emergencies- Direct Anytime Phone Number is Required**

Please Circle one: **Dog Cat Other** ( ) Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Please Circle: **Female Male Spayed Neutered Microchip#** \_\_\_\_\_

Vet or Clinic: \_\_\_\_\_ City: \_\_\_\_\_

Date of Last Rabies Vaccine: \_\_\_\_\_ 1 year / 3 year, by: \_\_\_\_\_ DVM

Number of animals that will be kept on property listed above: \_\_\_\_\_

\_\_\_\_\_(initial) I agree to keep current the Rabies Vaccine for my animal as REQUIRED BY TEXAS STATE LAW. The rabies vaccine is good for a one (1) year or a three (3) year period from date administered as per Rabies Control Act.

\_\_\_\_\_(initial) I agree to keep my animal restrained and assure that my animal will always wear a collar with the Buda City Registration Tag and the Rabies Vaccine Tag affixed to it.

\_\_\_\_\_(initial) I understand that there is a leash law while in the City of Buda and that I must remove any feces deposits. I further understand that while in or on any City of Buda Parks, Trails or Open Spaces, I must remove any deposits.

Registration Expiration Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By City Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## Fees For Registration

**\$10.00 Annual Renewal Fee**

**MUST show current copy of Rabies Vaccination Certificate**

***For tag and receipt by mail, please include a self addressed stamped envelope.***