



## Microchip Registration Form

Microchip Number: \_\_\_\_\_

Microchip Company: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type: Dog  Cat  Other

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male  Female

Is your pet spayed or neutered? Yes  No  Unknown

Vet's Name: \_\_\_\_\_

Vet's Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person (someone other than yourself): \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

\*Please email this form to [animal\\_services@ci.fayetteville.ar.us](mailto:animal_services@ci.fayetteville.ar.us).

Alternatively, you may fax the form to 479-444-3459 or mail it to our physical address listed above.