

Lake Dallas Police Department
Division of Animal Services



ANIMAL REGISTRATION

Owner _____ DL#/State _____

Address _____

Home Phone _____

Work Phone _____

Animal's Name _____

Breed _____ Sex/Age _____

Description _____

Date of Registration _____

Date of Vaccination _____ Tag _____

Veterinarian _____

Veterinarian's Phone _____

City Registration Number _____

Owner's Signature _____ Date _____

Animal Services Officer _____ Badge # _____

Copy ID Here