

Registration # \_\_\_\_\_

Will be filled in by employee after on-line Registration is complete.

**Pets Alive Spay/Neuter Clinic**  
**2444 S. Walnut St.**  
**Bloomington, IN 47401**  
**(812)349-1349 Phone**  
**(812)349-4417 Fax**

1st Update 9/6/2011

### 24PetWatch Microchip Registration Form

This form **MUST** be filled out entirely and **MUST** be legible in order for us to register your microchip

#### OWNER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_ (or) Apartment: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### PET INFORMATION

Pet's Name: \_\_\_\_\_ Species: Dog\_\_ Cat\_\_ Sex: Male\_\_ Female\_\_

Breed: \_\_\_\_\_ Purebred: Yes\_\_ No\_\_ Spayed/Neutered: Yes\_\_ No\_\_

Birth Date: Month/Day/Year \_\_\_\_\_ Color/Description: \_\_\_\_\_

#### OWNER CONSENT (you must check one option)

\_\_\_ YES, I consent to the release of my name and telephone number to anyone that finds my pet.

\_\_\_ NO, I prefer that communication only be through 24PetWatch

MICROCHIP #

*place sticker here*

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### EMERGENCY CONTACT (if owner cannot be reached.) *NOTE: This information is optional*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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