

Dear Resident Pet Owner(s) :

**This year, animal registration will take place from May 16 – June 30, 2017. Like last year, Chief Lamparter will emboss lot numbers on newly designed tags. Therefore, you will not receive your tag immediately. The tag is optional; simply note (circle) that you do not wish to receive a tag. This tag coding will expedite the process of reuniting missing or lost animals with their rightful owner and will help alleviate a trip to the county animal shelter if it is worn by the pet. It is also advised that you email pet pictures to the Chief at** **bapd29572@gmail.com****, especially if your pet does not wear the tag. Complete pet registration information is kept in the office and by the Chief.**

**Ordinance #84-4 and Chapter 8 Section 8.110.10 of the Town Code requires that every person owning or having the custody or possession of any dog or cat four (4) months of age or over, within the Town, shall obtain a license from the Town for such dog or cat. This includes any dog or cat dwelling within the resident’s home or managed by any type of yard monitoring system.**

**Pet forms may be obtained by email, on the Town website, or in the envelope on the office door labeled “Blank Pet Registration”. Please complete the information below and return it to the Town office by mail, in person, or by leaving it in the envelope on the door labeled “Completed Pet Registration”, beginning May 16th. Be sure to include a $2.00 payment per pet. Payment may be made by cash or check. (PLEASE USE A LABELED ENVELOPE FOR MONIES AND DO NOT LEAVE CASH ON THE DOOR). Your tag(s), if requested, will serve as a receipt once your information is processed.**

**If you have any questions, feel free to contact me Monday - Friday 9am - 2pm 843.272.8863 or tofba29572@gmail.com.**

**Very truly yours,**

**Jennifer Newbold**

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**Town Clerk**

**Pet Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Number and Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Tag: Yes or No: (circle)**

**Cat or Dog: (circle) Rabies Inoculation Record (REQUIRED AND ATTACHED):**

**Pet Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vet Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Miscellaneous Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Description of pet, markings, etc.)**

Office Of Town Clerk 121 North Gate Road Myrtle Beach, South Carolina 29572 843.272.8863