TOWN OF BRIARCLIFFE ACRES PET REGISTRATION \$5.00 per pet

Owner Name		Telephone		
Address	Ci	ty	State	Zip
email				
Vet Name	Vet Address		Vet Phone	
Pet Name(s):				
Cat(s) or Dog(s) (Circle) Breed:				
Age(s): Description/Markings:				
Rabies expiration date(s):				
	py of a <u>current rabies vacci</u>			
Print Name Owner	Lot #	Owner S	ignature	
Ordinance #84-4 and Chapter 8 possession of any dog or cat four <u>cat dwelling within the resident's</u> rabies vaccination records. You a	months of age or over, within home or managed by any typ	the Town, shall registe be of yard monitoring sy	er such dog or cat. <u>'</u> <u>ystem</u> . Proper regis	This includes any dog or
You may email registration forn white box by the Town Office doe		o@townofbriarcliffe.us	. Registration may	v also be dropped in the
No cash payments will be acce 1.888.604.7888. PLC: a002gj fo payments to you and the office.				
Payment may also be made by ch	eck to Town office during bu	siness hours.		
For Office Use On	ly.			
DATE IN: CLERK	:	REVIEW FE	ES PAID:	
Check #: CC type:	Transaction#:	Paymen	t Approval Date#:	
Registration Approved (Enforceme	nt Officer):	AP	PROVAL DATE: _	