

MICROCHIP REGISTRATION FORM

All fields are required by the microchip company.

Please write legibly – accurate registration ensures your pet goes home should they ever become lost.

Date Pet Microchipped: ____/____/____

Owner's Full Name: _____

Street Address: _____

Apt or Lot #: _____

City: _____

State: _____

Zip: _____

Primary Phone: _____

Alternate Phone: _____

Primary Email: _____

Password: _____

If no password provided, your password will be 12345

STAFF USE ONLY: affix microchip sticker below once complete

Alternate Contact Name: _____

Primary Phone: _____

Alternate Phone: _____

Pet Name: _____

Species: Dog _____ Cat _____

Sex: Male _____ Female _____

Spayed/Neutered: Yes _____ No _____

Breed: _____

Primary Color: _____

Secondary Color: _____

Color Pattern: _____

By signing below, you are agree to allow Datamars to release your contact details to the person(s) or organization in possession of your animal.

Signed: _____



STAFF USE ONLY: Paid _____ Entered _____

The Dunn County Humane Society - 302 Brickyard Road, Menomonie, WI 54751

