

GALVESTON COUNTY  
PET REGISTRATION FORM FOR MICROCHIPPED ANIMALS

Submit by email to [arcereg@gchd.org](mailto:arcereg@gchd.org) or Fax to 409-945-2540

**Rabies certificate and microchip proof must be attached to complete registration**

	DOG	CAT	OTHER	<input style="width: 150px; height: 20px;" type="text"/>
DATE:	<input style="width: 150px; height: 20px;" type="text"/>	OWNER'S NAME:	<input style="width: 350px; height: 20px;" type="text"/>	
EMAIL ADDRESS:	<input style="width: 650px; height: 20px;" type="text"/>			
MAILING ADDRESS:	<input style="width: 650px; height: 20px;" type="text"/>			
CITY:	<input style="width: 150px; height: 20px;" type="text"/>	ZIPCODE:	<input style="width: 200px; height: 20px;" type="text"/>	
PHONE NUMBER:	<input style="width: 150px; height: 20px;" type="text"/>	ALTERNATE NUMBER:	<input style="width: 250px; height: 20px;" type="text"/>	
PET NAME:	<input style="width: 250px; height: 20px;" type="text"/>	MALE	FEMALE	AGE: <input style="width: 50px; height: 20px;" type="text"/>
BREED:	<input style="width: 300px; height: 20px;" type="text"/>	COLOR:	<input style="width: 300px; height: 20px;" type="text"/>	
ALTERED:	YES	NO	MICROCHIP NUMBER:	<input style="width: 150px; height: 20px;" type="text"/>
RABIES VACCINATION DATE:	<input style="width: 150px; height: 20px;" type="text"/>	RABIES TAG NUMBER:	<input style="width: 150px; height: 20px;" type="text"/>	

---