

# Cat Registration Application

<b>Application Date</b>		<b>Registration Type</b>	<input type="checkbox"/> Neutered	<input type="checkbox"/> Non-Neutered	<input type="checkbox"/> Renewal	<input type="checkbox"/> Change
-------------------------	--	--------------------------	-----------------------------------	---------------------------------------	----------------------------------	---------------------------------

**PERMIT HOLDER (PERSON RESPONSIBLE FOR THE CAT)**

<b>Last Name</b>		<b>First Name</b>		<b>Initial</b>	
<b>Birth Date</b>		<b>TX DL #</b>			
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Home Phone</b>	(    ) -	<b>Cell Phone</b>	(    ) -		
<b>Work Phone</b>	(    ) -	<b>Other Phone</b>	(    ) -		

**SECONDARY CONTACT PERSON**

<b>Name</b>					
<b>Primary Phone</b>	(    ) -	<b>Other Phone</b>	(    ) -		

**CAT'S INFORMATION**

<b>Cat's Name</b>					
<b>Color/Description</b>					
<b>Cat Breed</b>		<b>Age / Sex</b>	/		
<b>Rabies Tag #</b>		<b>Vaccination Date</b>			
<b>Microchip</b>	<b>YES / NO</b> (circle one)	<b>Chip Location</b>			

**PERMIT HOLDER AGREEMENT:**

*Read before signing*

I understand that providing false information in this application is a felony in accordance with Texas Penal Code Chapter 37.10. Furthermore, I have read understand the City & State Animal Ordinances and I agree:

- To comply with all city Animal Ordinances and applicable state laws.
- To accept financial responsibility for payment of all fees, fines & charges that may result in animal ownership.
- To report changes in my cat's ownership status to the Police Department.
- To provide a copy of my cats current Rabies Vaccination and will continue to keep his vaccinations current.
- To keep the issued Cat Registration Tag on the cats collar at all times.

Permit Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERNAL CITY USE ONLY:

Application Complete & Payment Received by \_\_\_\_\_ Amount: \_\_\_\_\_ DATE: \_\_\_\_\_

### Application fees

- \$4.00 With proof of surgical sterilization
- \$6.00 Without proof of surgical sterilization
- \$1.00 Replace a current lost registration
- \$0.00 Transfer of current ownership

LICENSE/TAG # ISSUED:

DISPATCHER ENTERED INTO RECORD MANAGEMENT SYSTEM: \_\_\_\_\_ Date: \_\_\_\_\_

### REVIEW & ROUTE TO:

#### CITY PERMIT FILES:

File with all City Permits for the indicated address.

When Certificate of Occupancy is removed OR when owner/resident has discontinued city utility services, notify Police Dispatch to Remove Permit from Record Management System; original is filed in accordance with State Records Retention Requirements.