



The City of Columbus

P. O. Box 87 · Columbus, Texas 78934 · 979-732-2366 · FAX 979-732-8213

City Dog Registration Application

City Ordinance requires all dogs over the age of 4 months be registered with the city.
Failure to register your dog is a Class C misdemeanor which may result in fines.

First Name: _____ Last Name _____

Address: _____

Home Phone # _____ Alternate Phone# _____

Pet's Name: _____

Male Female Age _____

Breed: _____ (if mixed, put predominant breed)

Description (Including Color): _____

Markings: _____

Microchip Number: _____

Vet _____ Rabies Tag # _____

- A copy of the dog's Current Rabies Vaccination Certificate must accompany this application.

Fee: **\$3.00**

Return with fees and vaccination certificate to:

**City of Columbus
P.O. Box 87
605 Spring Street
Columbus, TX 78934**

Applications received missing any of the above information and/or fees will be returned to the sender.

For Office Use Only

City Tag Number _____ Date Issued _____
 Rabies Vaccination Current _____
 Fee Received _____
 Received from Vet _____