

Pet/Domestic Animal Registration Form

Campus Contact Information

Name: _____
Primary Phone: _____
Secondary Phone: _____
Campus CPO: _____
Email Address: _____
Housing Assignment: _____

Home Contact Information

Address: _____
City: _____ State: _____ Zip Code: _____

Pet Information

Name: _____
Species: _____ Breed: _____
Age: _____ Length of Ownership: _____
Weight: _____ Sex: ☐ Male ☐ Female Diet: _____

Veterinarian Information

Name: _____ Phone: _____
Office Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Additional Instructions

Please attach the pet's shot records to this application.

Please provide three written references that speak to your responsibility as a pet owner.

NOTE: This application will not be considered without proof of veterinarian care, a copy of the shot records (including date of spay or neuter), three written references and proof of liability insurance.

By signing this form, I hereby acknowledge that I have read, understood, and agree to the guidelines set forth in the Lees-McRae College Pet Policy.

Signature: _____ Date: _____