

TETERBORO BOARD OF HEALTH

Municipal Building
510 Route 46 West
Teterboro, NJ 07608
201-288-2850

Pet Information Form

NAME OF OWNER: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

NAME OF PET: _____

SEX: _____ BREED: _____

AGE: _____ HAIR: _____ (SHORT OR LONG)

COLOR & MARKINGS: _____

SPAYED OR NEUTERED

ADDRESS AT WHICH DOG WILL BE KEPT, IF DIFFERENT FROM OWNER'S:

SIGNATURE

DATE