



**REGISTER YOUR PET TODAY!**

PRE-PAID REGISTRATION - SINGLE USE ONLY. Please print clearly. Double check all information before mailing. USE ORIGINAL FORM - DUPLICATES ARE NOT VALID.

1. Owner/Co-Owner Information		
OWNER Last Name	First Name	MI
Address		Apt.
City	State	Zip
Mailing Address (If different from above)		Apt.
City	State	Zip
Home Phone	Work Phone	
Cell	E-mail	
CO-OWNER Last Name	First Name	MI
Address (If different from above)		Apt.
City	State	Zip
Home Phone	Work Phone	
Cell	E-mail	
2. Alternate Contact		
Last Name	First Name	MI
Address		Apt.
City	State	Zip
Phone	Cell	

3. Veterinarian Information		
Last Name	First Name	MI
Facility		
Address		
City	State	Zip
Phone	E-mail	

4. Pet Information	
Pet Name	
Species (Dog / Cat / Horse / Bird / Other)	Breed
Gender Neuter / Spay / Chemical	Date of Birth (Month / Day / Year) Weight (lbs.)
M / F	Yes / No / Chem.
Color / Markings	
Medication	
Other Data	
Microchip ID# Please check for accuracy or place barcode here →	



No. P4384730

MOISTEN HERE



No. P4384730

This form will be processed into our recovery system upon receipt. Please allow up to 4 weeks to receive your registration confirmation.

**AUTHORIZATION**  
I affirm that the above information is true and correct. My signature authorizes the release of this information in the event that my pet becomes displaced.

By signing below you confirm you have read, understand, and agree to the terms and conditions and privacy policies available at: [www.AvidID.com/terms-conditions](http://www.AvidID.com/terms-conditions).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please visit us online at: [www.AvidID.com](http://www.AvidID.com) for information changes, updates, or new owner transfer forms and instructions.

**AVID Identification Systems, Inc.**  
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