

© Tattoo-Find Registry

Data Listing for Pets Spay-Neuter Ear Tattoos



Find a Lost Pet or Register
TATTOO-FIND Listing

Please fill out the form with as much detail as possible, include a picture for an additional \$5.00 to be posted with your registration entry.

Please cover the squared area in red below with your pet's picture - "if" sending a picture.

* Pet's Name: _____

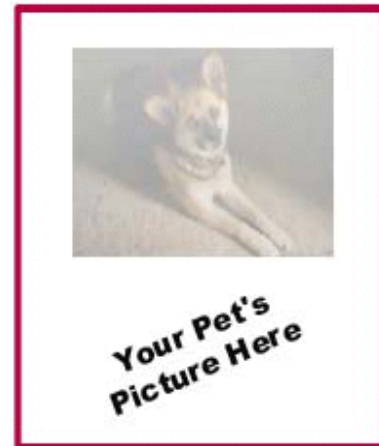
* Type of Pet:-pl circle: Dog - Cat - Other
if other please state the animal you are registering:

* Ear Tattoo #: _____ Age: _____

* Sex: Male: _____ Female: _____

* Color(s): _____

* Specific Markings on Belly, Legs, Paws, Face or other.
Please specify any unique markings and colors:



Health Issues:

Please state if your pet requires specific medications and explain the disorder. State the medication, how much is the dosage or accommodations due to health reasons.

Health Disorder: _____

Medication Required: _____ Dosage: _____ times a day.

Specific accommodations/needs: _____

Your Contact Information

Your Vet's Name: _____ Phone: _____

Fax number: _____ Email: _____

Mailing Address: _____ (P.O. Box) _____

City/Town: _____ Province: _____

Postal Code: _____

How to Contact You:

Your Name: _____ Phone: _____
Fax number: _____ Email: _____
Mailing Address: _____ (P.O. Box) _____
City/Town: _____ Province: _____
Postal Code: _____

Sponsorship Donation Fees may be no lower than \$10. and may go as high as one sees fit to donate in sponsorship of the data base and program.

Main Sponsorship donation is \$10.00 or more> add \$ _____
Have you added a picture? Please Note pictures are \$5.00 > add.....\$ _____
Your Donation Total: \$ _____

All payments must be made by Certified Check, Money Order or via Email Money Transfers. Email Money Transfers may be sent to registry@animals-alone.com and payable to Karen Fike of AASK Services”

Mail to: P.O. Box 302 - Champion, Alberta T0L0R0

Additional Comments or Notes: (share requests, additional info, suggestions or other)

- OFFICE USE ONLY -

Registration Number: _____
Date Paid Registration Donation: _____

Received by Representative: _____
Date Entered to Data List: _____
Verified by: _____

NOTES: _____

