* = Required fields

Submit Print

# City of San Antonio
## Pet License

Please fill this form out online and submit it for processing.
Or use the ***Print*** button and Fax copy with required documentation to the number listed at the end of this form.

**As per City law, All dogs and cats over 4 months of age are required to have a current rabies vaccination and an annual dog or cat license.**

## Owner Information

*First: _____ M.I.: ____ *Last: _____ Suffix: ____

*Address: _____ *City: _____ *State: TX *Zip: _____

*Phone: _____ (000) 000-0000 Alternate: _____ (000) 000-0000 *Email: _____

## Pet Information

**Select:** ◉ **Dog** ○ **Cat**

*Pet Name: _____ Age: ____ Weight: ____ Acquired On: _____ MM/DD/YYYY

Dog Breed: _____ Dog Breed (Mix): _____

*Primary Color: _____ Secondary Color: _____

*Sex: ◉ Male ○ Female *Is this pet altered-spay or neutered?: (proof required) ◉ Yes ○ No

Microchip Number: (if applicable) _____ Microchip Vendor: _____

## Veterinarian Information

Name: _____ Hospital/Clinic: _____

Address: _____ City: _____ State: TX Zip: _____

Phone: _____ (000) 000-0000 Fax Number: _____ (000) 000-0000

## Rabies Vaccination Information (Proof Required)

Date Administered: _____ MM/DD/YYYY Expiration Date: _____ MM/DD/YYYY Rabies Tag Number: _____

Administering Vet/Clinic: _____ Vet/Clinic Phone: _____ (000) 000-0000

*☐ I certify that the statements contained in this Pet Registration are true, correct and complete to the best of my knowledge and belief.

*Name: _____ *Date: _____ MM/DD/YYYY

Complete this form online. Use the ***Submit*** button to send the form for processing.
Fax the rabies vaccination documentation to (210) 207-6653.
OR, use the ***Print*** button to print the license form and fax the required documentation to:
ACS at (210) 207-6673

Submit Print