



# Hualapai Animal Control

## 2017 Pet Registration/Vaccination Application



**Hualapai Law & Order Ordinance 15.2 (h)**

**Owner Information**  
( Please write clearly )

Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
( Owner MUST be 18 yrs. of age)

Secondary Owner: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check box which your applying for:  Registration  Vaccination (\$10.00 per shot, per animal)

**PET #1 INFORMATION**  
( Please write clearly )

**\$10.00 LICENSE FEE** Name of Animal: \_\_\_\_\_ Sex:  Male  Female

Physical Address: \_\_\_\_\_

Dog  Cat Breed Type: \_\_\_\_\_ Age: \_\_\_\_\_

Color(s): \_\_\_\_\_

Other distinctive marks: \_\_\_\_\_

**PET #2 INFORMATION**  
( Please write clearly )

**\$10.00 LICENSE FEE** Name of Animal: \_\_\_\_\_ Sex:  Male  Female

Physical Address: \_\_\_\_\_

Dog  Cat Breed Type: \_\_\_\_\_ Age: \_\_\_\_\_

Color(s): \_\_\_\_\_

Other distinctive marks: \_\_\_\_\_

**Animals are limited to TWO (2) per residence.**

I understand that I will be held responsible for all violations of the Hualapai Animal Control Ordinance on the Hualapai Reservation, involving the above animals described.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved  Disapproved  Reason for Disapproval: \_\_\_\_\_

ACO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the dedication of the Hualapai Animal Control Program to provide the upmost professional service to the Hualapai People with the emphasis in Animal care and public safety.