



REGISTRATION FOR MY SAFE DOG

BY SIGNING OR SUBMITTING THIS REGISTRATION, YOU AGREE TO ALLOW YOUR PETS PICTURE TO BE POSTED ON OUR WEBSITE- NO OTHER PERSONAL INFORMATION WILL BE SHARED.

SIGNATURE : _____ DATE : _____

YOU MAY RETURN THIS REGISTRATION BY MAIL, DROP OFF OR EMAIL TO : Petsofrlh@rlhpd.org

<input type="checkbox"/>	Breed :	
<input type="checkbox"/>	Size :	
<input type="checkbox"/>	Color(s) :	
<input type="checkbox"/>	Collar / Tags / Chip :	
<input type="checkbox"/>	Sex :	
<input type="checkbox"/>	Dog name :	
<input type="checkbox"/>	Short Hair / Long Hair :	
<input type="checkbox"/>	Friendliness :	
<input type="checkbox"/>	Dogs age :	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	OWNER NAME :	
<input type="checkbox"/>	OWNER ADDRESS :	
<input type="checkbox"/>	PHONE NUMBER :	
<input type="checkbox"/>	BACK UP PHONE NUMBER :	
<input type="checkbox"/>	EMAIL ADDRESS :	
<input type="checkbox"/>		
<input type="checkbox"/>	ATTACH PHOTO OF PET (ONLY)	
<input type="checkbox"/>		
<input type="checkbox"/>		