

Fraternity & Sorority Affairs  
Pet Registration Form

Name of Pet Owner \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of Animal \_\_\_\_\_

Breed of Pet \_\_\_\_\_

Name of Pet \_\_\_\_\_

Proof of Age \_\_\_\_\_

Proof of Rabies Vaccination \_\_\_\_\_ 1 year \_\_\_\_\_ 3 year \_\_\_\_\_

License Agency \_\_\_\_\_ License Number \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Veterinarian \_\_\_\_\_ Contact Number ( ) \_\_\_\_\_

Registrant Signature(s) \_\_\_\_\_

Office of Fraternity & Sorority Affairs Signature \_\_\_\_\_

Office of Residential Services Signature \_\_\_\_\_

Date \_\_\_\_\_

**Fraternity & Sorority Affairs /Residential Services staff and Lehigh Police (in the case of a dog) must be notified immediately if pet is deceased or no longer resides in the house.**