

# EXOTIC PET REGISTRATION FORM

## Town of Kingsbury

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

TYPE OF EXOTIC ANIMAL \_\_\_\_\_

ANIMAL'S NAME \_\_\_\_\_

OWNER'S NAME (if different from above) \_\_\_\_\_

LOCATION OF ANIMAL IN RESIDENCE: \_\_\_\_\_

ANIMAL'S VETERINARIAN \_\_\_\_\_

VETERINARIAN ADDRESS \_\_\_\_\_

VETERINARIAN TELEPHONE NO. \_\_\_\_\_

In case of an emergency, name of alternate contact person:

Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_

SPECIAL HANDLING INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_