



**VILLAGE OF
PLATTE CENTER
NEBRASKA**

*Animal
Registration
2025*

Owner: _____

Physical Address: _____

Phone Number: _____

Animal's Name: _____

Color: _____

Breed: _____

Date of Birth: _____

Gender: _____

Vaccination date: _____

Please attach proof of Rabies Vaccination

for office use only

Today's Date: _____

Paid: _____

Tag # _____

Expires: _____