

# BHVA Pet Registration Form

Owner's Name \_\_\_\_\_

BHVA Address \_\_\_\_\_

\_\_\_\_\_ Owner

\_\_\_\_\_ Renter from \_\_\_\_\_ to \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Pet's Name \_\_\_\_\_

\_\_\_\_\_ Dog Breed: \_\_\_\_\_

\_\_\_\_\_ Cat \_\_\_\_\_ Other- specify: \_\_\_\_\_

Pet's Age \_\_\_\_\_ Weight \_\_\_\_\_ M / F

Signature \_\_\_\_\_ Date \_\_\_\_\_

BHVA Tag # \_\_\_\_\_  
(Office use only)

**Return form to BHVA c/o Kenrick Corporation – 30 Golfside Circle  
Canandaigua, NY 14424 or via email – [cwallace@kenrickfirst.com](mailto:cwallace@kenrickfirst.com)**