



Information for Completion of Animal Registration

All forms are to be completed and returned with payment to: Vigo County Sheriff's Office, Animal Control Division located at 600 W. Honey Creek Drive Terre Haute, IN 47802. Make Check or Money Order payable to: Vigo County Animal Control Fund.

Rabies Vaccination: When completing form, please list the Rabies Vaccine Tag # in the space provided. If your pet/pets have not been vaccinated you will have thirty-days to obtain one. You may return the form and registration fee prior to receiving vaccine by filling in the Veterinarian's name and putting the appointment date that the vaccine is to be administered in the rabies vaccine number blank on the form. Once notification of the vaccine has been given by mailing or providing a copy of the rabies certificate, your tag will be sent to you.

Special Registrations must be inspected prior to the registration being issued. Please list on application the type of registration you are requesting i.e.: Exotic, Wild, Rescue, Sanctuary or Commercial. Also include number of animals on site.

Exotic or Wild animal owners must submit with registration form an inventory of animals to include species, number of each species, copies of any Federal or State permits or licensing. Must also submit proof of liability insurance and a detailed Emergency Action Plan listing how animals would be recaptured in the event of escape, the equipment and resources needed, personnel needed, the chemical capture methods to be used and what of these items you would have on-site or available to recapture animals.

If your animal has a RFID Chip please list provider that the chip is registered with and/or manufacturer.

Your registration will be mailed to you or delivered at inspection.



Vigo County Sheriff's Office

600 W. Honey Creek Dr. Terre Haute, IN 47802
Phone 812-462-3226 Fax 812-235-7558

Sheriff John Plasse

Pet Registration Form

Animal Control Division

_____ Dog _____ Cat _____ Ferret _____ Special

Owner's Name: _____

Tag #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Breed: _____ Color: _____ Unique Markings: _____

Rabies Vaccine #: _____ Chip #: _____

Registered With: _____

Date of Application for Tag: _____ Number of Animals: _____

Type of Special Registration: _____

Proof of Insurance Provided: _____ Yes _____ No

Emergency Action Plan Provided: _____ Yes _____ No

Inventory of Animals Provided: _____ Yes _____ No