

**DEPARTMENT OF ANIMAL CARE AND CONTROL**  
**Animal Numbers Grandfather Clause Registration Form**

(All animals must have current pet registration prior to being able to register for Grandfather Clause)



*(One animal per form)*

*(Photo of described animal must be attached to this form)*

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Salutation \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Unit# \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

City: (Ft. Wayne) (\_\_\_\_\_) State: IN Zip \_\_\_\_\_ DLN OR SSN: \_\_\_\_\_  
(Drivers License or Soc. Sec. Number)

Jurisdiction (F.W.) (Allen Co.) (Out) \_\_\_\_\_ Pet Registration (or lifetime) #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Microchip # (if applicable): \_\_\_\_\_

Animal Code # \_\_\_\_\_

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*This column for office use only:*

Status Group Field Ops  
 Incoming Status Document

Rec'd. Date \_\_\_\_\_ Time \_\_\_\_\_

Avail date \_\_\_\_/\_\_\_\_/\_\_\_\_

Jurisdiction (F.W.) (A.C.) (out)

Location City Fort Wayne

Location info \_\_\_\_\_

Disposition \_\_\_\_\_

People related to animal

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

ANIMAL NAME \_\_\_\_\_

Species (dog) (cat) \_\_\_\_\_

Primary Breed \_\_\_\_\_

Second Breed \_\_\_\_\_

Sex (M) (F) Altered (Y) (N)

Age \_\_\_\_\_

Weight \_\_\_\_\_

Size Grp (Sm) (Med) (Lg)

Declawed

Identification:

Rabies tag# \_\_\_\_\_

Other ID \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Color \_\_\_\_\_

Second Color \_\_\_\_\_

Coat Length \_\_\_\_\_

Tail(Long) (dock) (Curl) (Miss)

Left eye color \_\_\_\_\_

Right eye color \_\_\_\_\_

Left ear (Crop) (Droop) (Erect)

Rt. ear (Crop) (Droop) (Erect)

Features \_\_\_\_\_

\_\_\_\_\_

Animal Notes \_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I am the legal owner of the above described animal. I acknowledge that I have registered all cats and/or dogs that I own under this Grandfather Clause. I understand that I am not to acquire any more pets until I have brought the number of animals I own down to legal limits through attrition. I accept full responsibility for providing any medical care the animal may need. I agree to register and vaccinate the pet in accordance with Fort Wayne requirements, keep the pet confined, and abide by all local ordinances.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date