



PET REGISTRATION FORM



PET OWNER'S NAME:

TELEPHONE / MOBILE NUMBER:

AGE:

EMAIL ADDRESS:

GENDER:

HOME ADDRESS:

PET'S NAME:

PHOTO OF PET
(1 X 1 INCH)

SPECIES: DOG / CAT / OTHERS

BIRTHDATE:

GENDER:

WEIGHT:

COLOR:

ANTI-RABIES VACCINATION DATE:

EXPIRY DATE:

VETERINARY CLINIC:

VET CONTACT INFO:

NAME OF VET:

VETERINARY CLINIC ADDRESS:

I want to receive updates on pet-related events and activities. Yes No

WAIVER & LIABILITY:

As a PET OWNER, I take full responsibility on the actions and behavior of my pet inside Century City Mall. With this, I take full personal and financial responsibility should there be any untoward incidents that may lead to damages or injuries that may be caused by my pet within the mall premises.

.....
PET OWNER'S SIGNATURE

.....
DATE SIGNED