



Dr. Errol D. Toulon, Jr.  
SHERIFF, SUFFOLK COUNTY, NY

SheriffPetNetwork@suffolkcountyny.gov  
www.SuffolkSheriff.com

Pet ID Registration Form

Directions: Complete this form, save it, and email it along with a clear photo of your pet to SheriffPetNetwork@suffolkcountyny.gov.

\_\_\_\_\_  
Pet Owner Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City/State/Zip

Pet Name	Type/Breed	Birth Year	Eye Color	Sex	Weight

Color/Description	Allergies/Needs/Restrictions	Microchip Number

Veterinarian

Alternate Contact

\_\_\_\_\_  
Vet Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

OFFICE USE ONLY

ID #	Location Issued	Date Issued	Number of Pets