

## Wythe County Livestock Registration Form

First Name: \* \_\_\_\_\_

Middle Initial: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_ Name Suffix: \_\_\_\_\_

Street Address: \* \_\_\_\_\_

Street Address (Line 2): \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

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

Phone Number (Cell): \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_

Phone Number (Work): \_\_\_\_\_

Alternate Contact (Family, Neighbor, Friend): \_\_\_\_\_

Alternate Contact Phone Number: \_\_\_\_\_

Type of Livestock (Please Specify Type): \*

Location of Livestock (Details of Location; Example: Address, Landmark, Road Name, etc.):

\*Required Fields

Please Return to Wythe County Sheriff's Office, 245 S. 4<sup>th</sup> St., Wytheville, VA 24382; Fax: 276-227-0393  
or Email to: [jlgrubb@wytheco.org](mailto:jlgrubb@wytheco.org)