



Guyana Wildlife Conservation and Management Commission

Capuchin Registration Form

Owner Information

Name of Pet Owner: Date of Registration:

Identification #:

Address:

.....
.....
.....

Telephone Number: Email Address:

Pet information

Name of Pet: Estimated current age of the Pet:

Date or Year of Acquisition: Acquired from:

Most likely area of origin: Sex: Male Female

History of illnesses (please state if your pet is prone to self-mutilation, hair loss, Ticks, fleas, mucus from eyes, physical injuries, etc):

.....
.....

Behavior patterns:

.....
.....
.....

Has the animal ever escaped: Yes No

Has the animal ever attacked an individual: Yes No

Usual diet and frequency:

Name of usual health care provider:

Type of Medical treatment administered:

.....
.....

Reproductive history:

Method of restraint or housing:



Ganges Street, Sophia.



(592) 223-0331; 223-0939; 223-0940; 646-1229



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wildlifepermitsandlicensesgy@gmail.com



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Please select your pet species:



Cebus olivaceus



Cebus apella

I declare that the particulars provided by me in this registration, including attachments, are true and correct in every detail.

I am responsible for the wellbeing and care of this animal.

For official use only

Registration received by:

Microchipped by:

Microchip number:



Ganges Street, Sophia.



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