



APPLICATION FOR ANIMAL LICENSE

Owners Name: _____ Phone: _____

Street Address: _____

I hereby make application for a license to keep, maintain, or have in my custody or control, the below described animal(s):

1.) Pet's Name _____ Breed _____
Color _____ Sex _____ Spayed or neutered? _____
Distinguishing markings _____
Place of rabies vaccination _____

Office Use:

Cat or Dog - License # _____ Copy of rabies vaccination received _____

2.) Pet's Name _____ Breed _____
Color _____ Sex _____ Spayed or neutered? _____
Distinguishing markings _____
Place of rabies vaccination _____

Office Use:

Cat or Dog - License # _____ Copy of rabies vaccination received _____

3.) Pet's Name _____ Breed _____
Color _____ Sex _____ Spayed or neutered? _____
Distinguishing markings _____
Place of rabies vaccination _____

Office Use:

Cat or Dog - License # _____ Copy of rabies vaccination received _____

I hereby declare all animals noted above have current rabies vaccination and have no vicious tendencies.

Signed _____ Date: _____