

# PET LICENSE FORM

\*\*\*\* WE ACCEPT CASH OR PERSONAL CHECKS ONLY \*\*\*\*

LICENSE # \_\_\_\_\_ (leave blank will be assigned)

ANIMAL NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

YEAR OF BIRTH (of animal) \_\_\_\_\_

COLOR(S) \_\_\_\_\_

SEX: \_\_\_\_\_ INTACT MALE (\$27.00) NEUTERED MALE \_\_\_\_\_ (\$7.00)

\_\_\_\_\_ INTACT FEMALE (\$27.00) SPAYED FEMALE \_\_\_\_\_ (\$7.00)

OWNER NAME: \_\_\_\_\_

date of birth/ \_\_\_\_\_

address \_\_\_\_\_

phone # \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

date of birth/ \_\_\_\_\_

address \_\_\_\_\_

phone # \_\_\_\_\_

**\*\*please enclose copy of the rabies shot papers from the Veterinary Clinic as we need the shot dates not the tag number\*\* without this we will not be able to process the license\*\* when completed we will mail it back to you.**

**THIS FILLED OUT FORM ALONG WITH PAYMENT MAY BE MAILED or DROPPED OFF IN PERSON @ 315 N GRANT AVE or DROPPED IN OUR MAILBOX ON THE NORTH SIDE OF THE CITY BUILDING 100 E 4<sup>TH</sup> ST**

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