

# ANIMAL LICENSE

## Dog or Cat

License # \_\_\_\_\_ Check or Cash \_\_\_\_\_

Is this a New Registration? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Rabies Expiration \_\_\_\_\_

Spayed / Neutered Yes or No

Date \_\_\_\_\_

Vet \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_

### Additional Information:

Sex: Male or Female

DOB \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Hair - L M S

Tattoo or Micro-chip # \_\_\_\_\_