

PET LICENSE

Expires_____

License Tag Number_____

Name of Owner_____

Address_____

Phone Number_____

Name of Animal_____

Markings_____

Male_____ Female_____ Neutered/Spayed_____

Canine_____ Feline_____

Breed of Animal_____

Age of Animal_____

Date of Rabies Vaccination_____ Rabies Tag Number_____ Rabies Vaccination Expires_____

Place of Vaccination_____

I hereby acknowledge receipt of amount indicated above, being the amount due for a pet license for one pet as described above. You are authorized to keep said pet without further payment until the pet license for the next fiscal year become due.

By_____

Date_____