

PET LICENSE APPLICATION

OWNER NAME: _____
 MAILING ADDRESS: _____
 PHYSICAL ADDRESS: _____
 CITY, STATE, ZIP: _____

DOG LICENSE NO. _____

APPLICATION DATE	EXPIRATION DATE	AMOUNT DUE	CHECK	CASH
			NO.	

NEEDED PET INFORMATION:	
PET'S NAME	
RABIES TAG NO.	
DATE OF VACCINATION (REQUIRED EVERY THREE YEARS)	
BREED	
SEX	
CLASSIFICATION	
WEIGHT	
MICROCHIP NO.	MICROCHIP TYPE
VETERINARIAN	
COLOR	
MARKINGS	
BIRTH DATE	
ADDRESS	