



License # _____

Pet Licensing Form

Owner Information

Name: _____

Address: _____

Phone: _____ Email: _____

Pet Information

Pet Name: _____

Species: Dog/Cat

Breed: _____

Color: _____

Age: _____ Has your pet been spayed or neutered?: Yes/No

Is your pet current on his/her rabies vaccination? Yes/No

Before a license can be issued, a copy of your pet's rabies vaccination must be submitted with this form.

I have read and reviewed Ordinance 911 and agree to comply with animal control requirements.

Owner Signature

Date

Authorized Representative

Date