



PET LICENSE APPLICATION

With Proof of Vaccination

DATE: _____ PHONE#: _____

Applicant Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip : _____

Dog _____ Cat _____ Other _____ (Explain)

Male _____ Female _____ Pets Name _____

Color _____ Breed _____

Cost: \$ 7.00 per Pet. Total Submitted: _____

*All Pets are required by City Ordinance # 106
to be licensed in April of every year.*

OFFICE USE ONLY BELOW

LICENSE NUMBER: _____
