

PET LICENSE CERTIFICATE

2024 Animal Licensing effective until April 1, 2025

Owner Information

First Name:	Middle Name:		Last Name:
Owner's Date of Birth:			
Address:	City:	State:	Zip Code:
Home Phone #:	Work Phone #:		Mobile Phone #:
Pet Information			
□ Cat □ Dog	Coat Color(s):		
Pet Name:	_		
Breed:			
Sex:	a 6 0 2 a 6	FOR OFFICE	F USF ONLY
/et Name:			
/et Phone #:			
Rabies Tag #:		☐ Cash	☐ Check #:
Vaccination Date:	Exp Date:		Credit Approval #:
Spayed/Neutered: 🗆 Yes	□ No		