

**PET LICENSE APPLICATION**

**NO FEE**

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**PET INFORMATION**

Species: \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**Rabies Certification Information**

Certificate of Rabies Vaccination must be included with this license application.

Date of vaccination: \_\_\_\_\_ Tag Number: \_\_\_\_\_  
Next vaccination: \_\_\_\_\_

**Veterinarian:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
City Staff Signature

**City Staff Use Only**

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_