

| F( | )R | $\mathbf{O}$ | FF | CE | USE | 0 | NI | Y |
|----|----|--------------|----|----|-----|---|----|---|
|    |    |              |    |    |     |   |    |   |

| Tag Number:        |  |
|--------------------|--|
| Expiration Date: _ |  |

## **Animal License**

| Date   | Pet Name   |  |          |  |  |  |  |  |
|--|------------|--|----------|--|--|--|--|--|
|  |            |  |          |  |  |  |  |  |
| Species  |            | Sex  | Breed    |  |  |  |  |  |
| YES O NO O   |            |  |          |  |  |  |  |  |
| Spayed / Neutered  |            | Description  |          |  |  |  |  |  |
|  |            |  |          |  |  |  |  |  |
| Total number of dogs at the residence<br>Limit 3 per household (CMC 6-120) | е          | Total number of cats at the residence<br>Limit 5 per household (CMC 6-120) |          |  |  |  |  |  |
| Owner Information  |            |  |          |  |  |  |  |  |
|  |            |  |          |  |  |  |  |  |
| Last name  | First name |  | Phone    |  |  |  |  |  |
|  |            |  |          |  |  |  |  |  |
| Home Address   |            |  |          |  |  |  |  |  |
| City   | State      |  | Zip Code |  |  |  |  |  |
|  |            |  |          |  |  |  |  |  |
| Rabies information   |            |  |          |  |  |  |  |  |
| Dahias contificate number  |            | Finitestica  |          |  |  |  |  |  |
| Rabies certificate number  |            | Expiration   |          |  |  |  |  |  |
| Veterinarian name  |            | Veterinarian phone number  |          |  |  |  |  |  |
|  |            |  |          |  |  |  |  |  |
| Veterinarian address   |            | Microchip Information (if known)   |          |  |  |  |  |  |





