

PET LICENSE APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMERGENCY CONTACT #: _____

SHOT RECORD RECEIVED: YES NO

NOTES FOR RECORDS: _____

DOG NAME: _____ BREED: _____

COLORING: _____

SPECIAL MARKINGS: _____

CAT NAME: _____ BREED/COLORING: _____

PET CHARACTERISTICS: _____

OFFICE USE ONLY PHOTO TAKEN: YES NO

PAYMENT TYPE: _____ CHECK # _____

RECEIPT # _____ TAG # _____