



PET LICENSE

Tag No. _____

Date of Issue: _____

Expires: _____

Person Registering Pet: _____

Phone No. _____

Address: _____

PO Box: _____

Name of Animal: _____

Color: _____

Breed: _____

Amount Received: _____

Check # _____ Cash _____

Female: _____

Male: _____

Spayed: _____

Neutered: _____

Proof a rabies shot attached: Yes No Expires _____

The above mentioned person is authorized to keep said pet without further payment until Pet Tag for the next fiscal year becomes due.

Pet Licenses are due each year no later than April 1st.

I acknowledge receipt of a copy of Ordinances No. 583.

Signature of Person Registering Pet: _____

I hereby acknowledge receipt of amount indicated above being the amount due for pet license for one pet as described above.

By: _____

Date: _____