



ANIMAL LICENSE REGISTRATION FORM				
ANIMAL NAME	BREED	<input type="checkbox"/> NEUTERED <input type="checkbox"/> CAT	<input type="checkbox"/> SPAYED <input type="checkbox"/> DOG	SEX COLOR
RABIES CERTIFICATION NO.	DATE OF INOCULATION		OWNERS TELEPHONE NO.	
REGISTERED OWNER AND ADDRESS – LOT/APT. NO			<u>OFFICE USE ONLY</u>	
SIGNATURE OF OWNER			LICENSE # _____	
			DATE _____	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			FEE PAID _____	
			PENALTY PAID _____	
			REC. BY _____	