

Date: _____ Owner: _____ Tele #: _____

Address: _____ E-Mail Address: _____

Dog ___ Cat ___ Sex: ___ Breed: _____ Age: _____ Hair Short ___ Medium ___ Long ___

Color & Markings: _____ Name: _____

Spayed ___ Neutered ___ Rabies Vaccination Documentation Attached: _____

Date Rabies Given: _____ Date Rabies Expires: _____ Vaccination#: _____

2009
DOG AND CAT LICENSE FORM

Date: _____ Owner: _____ Tele #: _____

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