

Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Tele #: \_\_\_\_\_

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: \_\_\_\_\_

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2011  
DOG AND CAT LICENSE FORM

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Address: \_\_\_\_\_

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