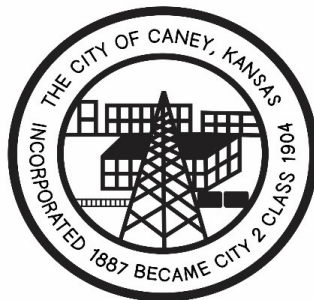


Date Received: _____

By Whom: _____



PET LICENSE

Tag No. _____

Pet Owner: _____

Phone Number: _____

Address: _____

Mailing Address: _____

Name of Animal: _____

Color of Animal: _____

Breed: _____

Veterinarian: _____

Canine

Feline

Male

Female

SPAYED: YES NO

NEUTERED: YES NO

PROOF OF RABIES: YES NO

Expiration Date: _____

First Registration	\$7.00	
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Renewing Registration	NOT SPAYED OR NEUTERED \$7.00		SPAYED OR NEUTERED \$2.00	
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CASH _____

CHECK _____

Signature of Pet Owner: _____

Date: _____

Date Issued: _____

Expires: _____

PET LICENSES ARE DUE ANNUALLY NO LATER THAN JUNE 1ST