## **DOG/CAT LICENSE FORM**

\*\*PROOF OF RABIES VACCINATION AND GENDER REQUIRED\*\*

OWNER'S NAME: OWNER'S PHYSICAL ADDRESS:							PHONE: EMAIL:			
DOG OR CAT	NAME	BREED	COLOR	MALE OR FEMALE	SPAYED OR NEUTERED? YES/NO	RABIES VACCINATION DATE	RABIES EXPIRATION DATE	MICROCHIP #	TAG # (Clerk will complete)	FEE*
										\$
										\$
										\$
										\$
										\$
				•					TOTAL	\$
*Not S	ed/Neutered - \$5 Spayed/Neutered - of Peru recomm digital photo to th	ends submitting	-	-	•		are not require	ed to wear the ta	g. If you pref	er, you may
Owner's	s Signature :									
Date:										