

# ANIMAL LICENSE

NO. \_\_\_\_\_

TOWN OF \_\_\_\_\_

DATED \_\_\_\_\_

THIS CERTIFIES THAT

THE UNDERSIGNED, IS THE OWNER OR KEEPER OF THE ANIMAL KEPT AT

AND DESCRIBED AS FOLLOWS:

TEL: \_\_\_\_\_

NAME

AGE		SIZE			SEX			COLOR	PROMINENT BREED	SPECIES
YRS.	MO.	SM.	MED.	LG.	M	F	N			

FURTHER DETAILS

AND IS THE ANIMAL DESCRIBED IN <b>RABIES VACCINATION CERTIFICATE NO.</b> _____	EXPIRATION DATE _____
DATED _____ SIGNATURE OF OWNER OR KEEPER _____	

IN RELIANCE OF THE ABOVE CERTIFICATE AND PAYMENT OF THE FEE OF \$ \_\_\_\_\_

THE ANIMAL ABOVE DESCRIBED IS LICENSED FOR THE PERIOD ENDING APRIL 1, \_\_\_\_\_

**NOTE:** DOGS AND WOLF HYBRIDS MUST WEAR A COLLAR WITH LICENSE TAG ATTACHED THERETO.

\_\_\_\_\_ TOWN CLERK