

## DOG / CAT License Information Form

Please fill in the blanks below and attach **proof of immunization**, as well as a **photo** of your pet and return to the town office.

Name of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ (c)  
\_\_\_\_\_ (h)

Email: \_\_\_\_\_

Box #: \_\_\_\_\_ Street Address: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Type: **CAT** or **DOG**

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Size: **SMALL** **MEDIUM** **LARGE**



**Tag #:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_