

**APPLICATION FOR DOG/CAT LICENSE:** To save time, please fill out this portion before coming to the clinic.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DOG CAT Sex \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Hair- Long or Medium or Short  
(Circle One) (Circle One)

Color and Markings \_\_\_\_\_ Name \_\_\_\_\_

Spayed/Neutered - YES or NO Date \_\_\_\_\_  
(Circle One)

MY DOG CAT RECEIVED A RABIES SHOT ADMINISTERED BY \_\_\_\_\_ ON \_\_\_\_\_  
(Circle One) (Name of Vet or Clinic) Date

Vaccination expires on: \_\_\_\_\_  
Date

**LICENSE CHARGE**

**DOGS**

**SPAYED/NEUTERED**

License Fee \$6.80  
Pilot Clinic Fee \$ .20  
Registration Fee \$1.00  
\$8.00

**UNSPAYED/UNNEUTERED**

License Fee \$6.80  
Pilot Clinic Fee \$ .20  
Registration Fee \$1.00  
Unspayed/Unneutered \$3.00  
\$11.00

**CATS**

**SPAYED/NEUTERED**

License Fee \$8.00

**UNSPAYED/NEUTERED**

License Fee \$11.00