

PET LICENSE APPLICATION

CITY OF CARLOS

DATE: _____

BREED: _____

SEX: (circle one) MALE FEMALE

SPAYED OR NEUTERED? (circle one) YES NO

COLOR: _____

DISTINCTIVE MARKINGS (if any): _____

PET'S NAME: _____

NAME & LOCATION OF VET CLINIC:

OWNER'S NAME, ADDRESS AND PHONE (must be 18 years of age)

I agree to maintain a current "Rabies Vaccination Certificate" with the City Clerk.

I understand that the annual individual dog license fee (currently \$10) will be collected in May of each year via the City utility bill (water/wastewater bill).

I will notify the City clerk @320-852-3000 or cityofcarlos@gctel.com if I no longer have my dog.

I have received a copy of the City of Carlos Dog ordinance(s).

OWNER'S SIGNATURE: _____

FOR OFFICE USE ONLY

CLEARED BY:

LICENSE NUMBER ISSUED:

DATE OF VACCINATION:

EXPIRATION DATE: