

CITY OF ORIENT
Pet Registry/License

Animal Information:

Name _____ License Number _____
Age _____ Breed _____ Canine Feline
Color _____ Male Neutered Male Female Spayed Female
Please Attach Proof of Rabies Vaccination Certificate
Markings _____
Rabies Vaccination Number _____ Vet _____

Name _____ License Number _____
Age _____ Breed _____ Canine Feline
Color _____ Male Neutered Male Female Spayed Female
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Owner Information:

Name _____
Telephone Number _____ Work Telephone Number _____
Address _____

Owners Signature _____ Date _____

For Office Use Only

License Fee **\$5.00 each pet** _____ **Date** _____