



## CITY OF WALL ANIMAL LICENSE

OWNER'S NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

1. ANIMAL'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

BREED/COLOR/DESCRIPTION \_\_\_\_\_

RABIES VACCINATION: DATE RECEIVED \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

2. ANIMAL'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

BREED/COLOR/DESCRIPTION \_\_\_\_\_

RABIES VACCINATION: DATE RECEIVED \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

3. ANIMAL'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

BREED/COLOR/DESCRIPTION \_\_\_\_\_

RABIES VACCINATION: DATE RECEIVED \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

4. ANIMAL'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

BREED/COLOR/DESCRIPTION \_\_\_\_\_

RABIES VACCINATION: DATE RECEIVED \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

PET'S NAME \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

PET'S NAME \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

PET'S NAME \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

PET'S NAME \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

ISSUED BY \_\_\_\_\_ DATE \_\_\_\_\_