



CITY OF THORNE BAY ANIMAL LICENSE APPLICATION

OWNER INFORMATION

NAME _____

MAILING ADDRESS _____

TELEPHONE _____

PET INFORMATION

DOG _____ **CAT** _____ **OTHER (LIST)** _____

MALE _____ **FEMALE** _____

NUETERED OR SPAYED? _____ **YES** _____ **NO** _____

PET'S NAME _____

DESCRIPTION _____

DATE OF LAST RABIES VACCINATION* _____

***Please attach proof to application. Pets must be revaccinated every three years.**

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

TAG # _____ **TOTAL PAID** _____

Cat or dog (Unaltered):	\$20
Neutered/spayed cat or dog:	\$10
All other animals:	\$10