



# 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 not neutered or spayed:	\$20
Neutered/spayed cat or dog:	\$10
All other animals:	\$10