



PET LICENSE APPLICATION

LICENSE FEE: \$5.00
[] NEW LICENSE [] RENEWAL

OFFICE USE ONLY

[] DOG [] CAT

TAG : _____

DATE ISSUED: _____

PET OWNER INFORMATION

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: P.O. BOX _____

PHONE/CELL: _____

PET INFORMATION		VETERINARIAN INFORMATION	
[] DOG [] CAT		CLINIC: _____	
PET NAME: _____		ADDRESS: _____	
GENDER [] MALE [] FEMALE [] NEUTERED MALE [] SPAYED FEMALE		PHONE: _____	
BREED: _____		RABIES VACCINATION INFORMATION	
COLOR and MARKINGS: _____		RABIES TAG #: _____	
DOB or AGE: _____		VACCINATION DATE: _____	
LICENSING PROCESS		PET REQUIREMENTS	
<ol style="list-style-type: none"> Complete and Sign the Pet License Application. Provide the current Rabies Vaccination Certificate. (Rabies Certificate will be returned with Pet License and Tag) Pet License Fee: \$5.00 (Payable to the City of St. Clair). 		<ol style="list-style-type: none"> Dogs and cats are to be on a leash or under the control of the person charged with their care at all times. Provide adequate leashing, fencing or other means to insure that the pet stays in your yard. Don't allow your dog to habitually bark and howl. When walking your dog, pick-up after him! 	

APPLICANT SIGNATURE

I hereby certify that the information provided on this application is true and accurate. The above named pet has been immunized by a licensed Veterinarian.

APPLICANT SIGNATURE _____

DATE _____

CITY APPROVAL

[] PET LICENSE APPROVED

Catherine Seys, City Clerk-Treasurer

DATE _____

PLEASE CANCEL MY PET LICENSE

MY PET IS: [] deceased [] no longer living in St. Clair
Call the City Clerk or mail this form to City Hall to have your pet removed from our records.