

CITY OF MOULTON

2023 PET LICENSE FORM

Please include a copy of each pet's rabies vaccination certificate.



OWNER: _____

ADDRESS: _____

PHONE #: _____

Veterinarian Name: _____ Phone: _____

Veterinarian ADDRESS: _____

PET'S NAME: _____

BREED _____

MARKINGS/ COLOR: _____

Male _____ Neutered _____
Female _____ Spayed _____

PET'S NAME: _____

BREED _____

MARKINGS/ COLOR: _____

Male _____ Neutered _____
Female _____ Spayed _____

PET'S NAME: _____

BREED _____

MARKINGS/ COLOR: _____

Male _____ Neutered _____
Female _____ Spayed _____

PET'S NAME: _____

BREED _____

MARKINGS/ COLOR: _____

Male _____ Neutered _____
Female _____ Spayed _____

PET'S NAME: _____

BREED _____

MARKINGS/ COLOR: _____

Male _____ Neutered _____
Female _____ Spayed _____

Owner's Signature: _____ DATE _____