



# ANIMAL LICENSE APPLICATION

**\*\*Please clearly print all information; lack of legibility could result in failure to contact you in emergencies\*\***

## OWNER INFORMATION

Owner Name:			
Last:	First:	M.I.	Signature:
DL or ID#:	Issuing State:	Date of Birth:	Today's Date:
Cell/Home Phone #:	Work Phone #:	Email (Please print very carefully to ensure accurate entry):	

Home Address:		
Street:	City: <b>North Richland Hills</b>	Zip:

Emergency Contact Other than Owner or Person Residing at Address:		
Last:	First:	Phone Number:

## PET INFORMATION

Species Type (check one):			
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other (specify) _____	
Sex (check one):			
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Identifiers:			
Pet's Name:	Breed(s):	Color(s):	Age:

## LICENSE INFORMATION

<input type="checkbox"/> New License		<input type="checkbox"/> Renewal License	
City License Tag #:	License Issue Date:	License Expiration Date:	Microchip #:
Rabies Tag #:	Vaccination Date:	Vaccination Expiration Date:	Clinic/Veterinarian Name:

<i>License Fees</i>	
<b>Unaltered Pet License:</b>	<b>\$31.00</b>
<b>Altered Pet License:</b>	<b>\$10.00</b>
<b>Replacement Tag:</b>	<b>\$6.00</b>
<b>Senior Citizen (65+)</b>	<b>\$0</b>
<b>Service Dog (ADA Title II &amp; III)</b>	<b>\$0</b>



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