

Town of Kipling

Application for Dog/Cat License

Dog: _____

Cat: _____

Name of Animal Owner: _____

Civic Address: _____

Box: _____

Phone: _____

Description of Animal being licensed:

Name: _____

Breed: _____

Age: _____

Sex: _____

Sterilized: _____ Neutered: _____

Color: _____

Rabies Shot Date: _____

I certify the above information to be correct.

Date

Signature of Owner

For Office Use Only:

License Number: _____

Fee Paid: _____

Initial of Issuer: _____