

CITY OF MORTON PET LICENSE

TAG# _____

PET OWNER'S NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF ANIMAL: _____ **COLOR:** _____

ANIMAL DESCRIPTION:

BREED: _____ **SEX:** _____

VACCINATION INFORMATION:

EXPIRATION: _____

VETERINARY CLINIC: _____

This license is only valid with proof of current vaccination record on file.

AMOUNT RECEIVED \$ 25.00