



City of Box Elder



Pet License Application Form

Application Date: \_\_\_/\_\_\_/\_\_\_

Owner Name: \_\_\_\_\_ Owner DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

PET INFORMATION

1. Pet Name: \_\_\_\_\_ Dog Cat Male/ Female Fixed Y/N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip: \_\_\_\_\_

2. Pet Name: \_\_\_\_\_ Dog Cat Male/ Female Fixed Y/N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip: \_\_\_\_\_

3. Pet Name: \_\_\_\_\_ Dog Cat Male/ Female Fixed Y/N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip: \_\_\_\_\_

4. Pet Name: \_\_\_\_\_ Dog Cat Male/ Female Fixed Y/N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Microchip: \_\_\_\_\_

VETERINARIAN INFORMATION

Clinic/Vet Name: \_\_\_\_\_ Phone: Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ADMINISTRATIVE USE ONLY

1. Rabies Exp. Date: \_\_\_/\_\_\_/\_\_\_ License Exp. Date: \_\_\_/\_\_\_/\_\_\_ License #: \_\_\_\_\_

2. Rabies Exp. Date: \_\_\_/\_\_\_/\_\_\_ License Exp. Date: \_\_\_/\_\_\_/\_\_\_ License #: \_\_\_\_\_

3. Rabies Exp. Date: \_\_\_/\_\_\_/\_\_\_ License Exp. Date: \_\_\_/\_\_\_/\_\_\_ License #: \_\_\_\_\_

4. Rabies Exp. Date: \_\_\_/\_\_\_/\_\_\_ License Exp. Date: \_\_\_/\_\_\_/\_\_\_ License #: \_\_\_\_\_

Issued By: \_\_\_\_\_

License Fee Schedule 2018

NEW/RENEW LICENSE: 1st & 2nd Pets Fixed= \$5.00 ea./ Not Fixed= \$10.00 ea. 3rd & 4th Pets Fixed= \$10.00 ea./ Not Fixed= \$20.00 ea.

LOST/REPLACEMENT TAGS- \$5.00 per tag