City of St. Anthony Dog License Application

Owner_____

Physical Address_____

Mailing Address_____

Home Phone _____ Work Phone _____

Driver's License or SS#_____

Date of Birth_____ Sex_____

Alternative Contact:

Name_____ Phone_____

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Animal Info:

Name_____License # _____ Date Issued_____

Age_____ Color_____ Gender_____ Breed_____

Spayed/Neutered: ___yes ___no Date_____Current on Shots: ___yes ___no

Rabies Vaccinations Expiration Date_____

Veterinarian_____ Phone_____ Microchip #_____

Notes_____
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