

SPRINGVILLE CITY ANIMAL CONTROL LICENSE

Owners Last Name:	First Name:	License Tag Issued:
Address:	City & Zip:	Phone:
Dog (circle) Cat Age: _____ yrs: _____ Months	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed Female	Size: <input type="checkbox"/> Under 20 lbs. <input type="checkbox"/> 20 to 50 lbs. <input type="checkbox"/> over 50 lbs.
Predominant Breed:	Animals Name:	Color/Markings:
Rabies Tag: Expires on: ____/____/____	Date License Expires: Expires on: ____/____/____	License Type: <input type="checkbox"/> 1 Year License <input type="checkbox"/> 2 Year License
Issued by:	Date License Issued: Expires on: ____/____/____	Fee Collected:

You will need to present this form to the City Office along with proof of rabies vaccination with tag # and expiration date; and documentation if spayed or neutered.

Shaded portion to be filled out by City clerk