

Online payment receipt number: _____



Cat License Application

*Owner Must Have Proof of Current Rabies Vaccine Given By a Licensed Veterinarian

Owner's Name (Last): _____ (First): _____

Street Address: _____ (Apt #): _____ (Zip Code): _____

Phone: _____ Emergency Phone: _____

Cat's Name: _____ Sex: ___ Male ___ Female Age _____

Cat's Breed: _____ Spayed/Neutered? ___ Yes ___ No

Microchip # (if available): _____

(Check all that apply in each category)

Cat's Color:

- White
- Gray
- Black
- Brown
- Orange/red
- Lilac/silver
- Other

Cat's Markings:

- Solid
- Tabby
- Tortishell
- Calico
- Pointed
- Other

Cat's Coat

- Short
- Medium
- Long
- Hairless
- Other

<i>(Office Use Only)</i>		
Cat License #: _____	Date Issued: _____	Issued By: _____
<input type="checkbox"/> License Expires: June 30, 20_____	License Fee: \$ _____	New: _____ Renewal: _____
<input type="checkbox"/> Lifetime License		

