

DOG LICENSE APPLICATION

Town of Surf City SEC 3-10(b) SURF CITY ORDINANCE

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(Owners) Last Name

First

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Physical Address

Telephone Number

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Mailing Address (street address, city, state, zip code)

	Sex:		
Pet Name:		Birth Year:	
Breed:		Tattoo:	
Color:		Microchip:	
Rabies #:		Exp. Date:	

DO NOT WRITE BELOW THIS LINE

LICENSE ISSUED _____ EXPIRES _____

LICENSE NUMBER

TAG SHAPE/COLOR

PARCEL NUMBER