		TOTAL:		Clerk's Signature
3.00	17.00 5.00	4.Female, unspayed 5.Enumeration Fee	*	Owner's Signature
3.00	9.00 17.00	<ol> <li>Female, spayed</li> <li>Male, unneutered</li> </ol>	BE COMPLETED BY THEM	RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM
1.00	9.00	1. Male, neutered	PEDEEMED THE OWNER OF	IS OWNER LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO. IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF
Spav/Neuter Fee	Fee	TYPE OF LICENSE		Phone Number
			x, Street, City, State, Zip)	Mailing Address (House No./P.O. Box, Street, City, State, Zip)
				Owner (Last, First, Middle Initial)
		Veterinarian	Veter	Dog's Name
al vacc.	IIIIee real vacc.	Date Vaccinated	Date	Dog's Yr. of Birth
No.	Thin You	TE REQU	RAB	Dog Color(s)
				Dog Breed
SINAL RENEWAL	LICE □ ORIGINAL			Date Issued
	ם כי			License No.
		Town of		DOG IDENTIFICATION