

MUNICIPAL DISTRICT OF NORTHERN LIGHTS #22

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PET TAG LICENSE APPLICATION

DOG

CAT

TAG NO.

NAME OF OWNER: _____

PHONE: (H) _____

MAILING ADDRESS: _____

PHONE: (W) _____

LEGAL LAND DESC: _____

Name of Pet _____

Age: _____

Male Female

Neutered: Yes No

Breed/s: _____

Color/s: _____

Distinct Markings: _____

Picture Attached: Yes

NO

Date: _____

Signature: _____

Please enclose \$5.00 with your application.