

# Village of Ridgeway Pet License Application

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Pet \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_

CHECK ONE:

Spayed Female (\$8)  Neutered Male (\$8)  Female (\$18)  Male (\$18)

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Rabies Vaccination Information to be provided with proof from your veterinarian:

Veterinarian: \_\_\_\_\_

Vaccine Serial Number : \_\_\_\_\_

Vaccination Date : \_\_\_\_\_

Expiration Date : \_\_\_\_\_

Rabies tag # : \_\_\_\_\_

