

# TOWN OF STOUGHTON

## Pet Licence Application

Pet Owner's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Civic Address: \_\_\_\_\_

All Contact Numbers: \_\_\_\_\_

	Name	Male or Female	Breed	Age (as of today)	Description	Spayed or Neutered	Micro-Chipped	Rabies Vaccine	Licence #	Fee \$
Dog or Cat										
Dog or Cat										
Dog or Cat										
Dog or Cat										

\_\_\_\_\_

Date

\_\_\_\_\_

Pet Owner's Signature

