

## **TOWN OF WELCH ANNUAL PET LICENSE**

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

\*\*\*\*\*

PET'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

ANY IDENTIFYING MARKS: \_\_\_\_\_

DATE SHOTS ADMINISTERED: \_\_\_\_\_

NAME OF VET: \_\_\_\_\_

DATE LICENSE PURCHASED: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

---

***OWNER: PLEASE KEEP FOR YOUR RECORDS  
TOWN OF WELCH ANIMAL CONTROL 788-3616***

***PET'S NAME:*** \_\_\_\_\_

***LICENSE NUMBER:*** \_\_\_\_\_

***LICENSE EXPIRES:*** \_\_\_\_\_