

ANIMAL LICENSE APPLICATION

ALL BLANKS MUST BE COMPLETED ACCURATELY

Animal Owner's name			
Drivers License or other I.D.#		State	
Physical address of where animal	will be located:		
Mailing address if different from	above:		
City		State	
Phone: ()		Work/Cell/Other: ((Circle one))
Dog or Cat (Circle one)	Sex M / F (Circle one)	Spayed or Neutered?	Y / N (Circle one)
Primary breed	other breed_	Colors_	
RABIES TAG #	Expira	ntion date//20	Issue date//20
Other identification (such as micr	rochip)		
Complete an application for each Town of Smithfield P.O. Box 761/350 East Market Smithfield, N.C. 27577 • A copy of the pet's cur • Proof of pet being Spa	Street rent Rabies certifica	ute MUST ACCOMPA	NY THIS APPLICATION. S APPLICATION.
Fees: For each spayed or new For each cat or dog that	_		
Animal owners' signature:			LICENSE TAG #
By signing this document you con	afirm ownership of said	d animal	For office use ONLY
Authorized Town Representative	:	Date:	: