

CITY OF JERSEYVILLE

CITY PET LICENSE

OWNER _____
FIRST _____ LAST _____

ADDRESS _____ PHONE (____) _____ - _____

DOG/ CAT NAME _____

COLOR/ MARKINGS _____ BREED _____

SIGNATURE _____ / _____ / _____
DATE

OFFICE USE ONLY

TAG NUMBER _____ DATE PAID ____/____/____ EMPLOYEE _____

CASH CHECK TOTAL _____ RECEIPT NUMBER _____