

CITY OF DAPHNE
ANIMAL LICENSE

For all animals over 3 months old
All Licenses are due by January 1 - Late fee of \$10 will be assessed after January 15

ANIMAL'S NAME: _____

DAPHNE ANIMAL TAG #: _____ **VACCINATION TAG #:** _____

ISSUE DATE: _____ **DATE OF VACCINATION:** _____

EXPIRATION DATE: _____ **VETERINARIAN:** _____

CANINE/FELINE BREED: _____ **FEMALE/MALE:** _____

AGE OF ANIMAL: _____ **SPAYED/NEUTERED** _____

COLOR: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

REMARKS: _____

METHOD OF PAYMENT: **CASH/ CHECK** **FEE: \$** _____
 Spayed/Neutered \$3.00 Others \$5.00

RECEIVED BY: _____

** Please return completed applications along with fee to City of Daphne Animal Shelter or mail to:
CITY OF DAPHNE / ANIMAL LICENSE / P. O. BOX 400 / DAPHNE, AL 36526.
PHONE: Animal Shelter 621-2831.
(Please send a self addressed stamped envelope if mailed.)
All applications **must be accompanied by copy of vaccination receipt.
Additional forms may be picked up at: **Animal Shelter 7145 Johnson Road.

