

# ANIMAL LICENSE

TOWN OF SHAFTSBURY, VT

DATED: \_\_\_\_\_ NO. \_\_\_\_\_

THIS CERTIFIES THAT \_\_\_\_\_ THE UNDERSIGNED, IS THE OWNER OR KEEPER OF THE ANIMAL KEPT AT

AND DESCRIBED AS FOLLOWS: \_\_\_\_\_

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

NAME: \_\_\_\_\_

AGE		SIZE			SEX			COLOR	PROMINENT BREED	SPECIES
YEARS	MONTHS	SM.	MED.	LG.	M	F	N			

## FURTHER DETAILS

RABIES VACCINATION CERTIFICATE NUMBER:	EXPIRATION DATE:
DATE OF RABIES EXAM:	SIGNATURE OF OWNER OR KEEPER:

NOTE: DOGS AND WOLF HYBRIDS MUST WEAR A COLLAR WITH LICENSE TAG ATTACHED THERETO.

IN RELIANCE OF THE ABOVE CERTIFICATE AND PAYMENT OF THE FEE OF \$ \_\_\_\_\_

THE ANIMAL ABOVE DESCRIBED IS LICENSED FOR THE PERIOD ENDING APRIL 1, \_\_\_\_\_

\_\_\_\_\_ TOWN CLERK

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