

# ANIMAL LICENSE

NO. \_\_\_\_\_

Town of Weybridge

THIS CERTIFIES that \_\_\_\_\_, the undersigned,  
is the owner or keeper of an animal kept at \_\_\_\_\_

Telephone: \_\_\_\_\_

and described as follows: NAME \_\_\_\_\_ AGE \_\_\_\_ YRS \_\_\_\_ MOS

SIZE			SEX			COLOR	PROMINENT BREED	SPECEIES
SMALL	MEDIUM	LARGE	MALE	FEMALE	NEUTERED			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Further Details \_\_\_\_\_

and is the animal described in  
**RABIES VACCINATION CERTIFICATE NO.** \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_\_\_

Signature of Owner or Keeper

In reliance on the above certificate and the payment fee of \$ \_\_\_\_\_  
the animal above described is licensed for the period ending \_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_

Dated \_\_\_\_\_, **20**\_\_\_\_. \_\_\_\_\_ Town Clerk