

# TOWN OF SPRING LAKE

300 Ruth Street · Spring Lake, North Carolina, 28390 · (910) 436-0241

## Pet License Application

License # \_\_\_\_\_

Year of Licensure \_\_\_\_\_

DATE	PETS NAME	PETS AGE	BREED
COLOR OF PET:		SPOTTED	WHITE
		BLACK	BROWN
		OTHER- INDICATE	
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> -----	

<p><b>REGULAR</b></p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>NEUTERED</td> <td></td> <td>SPAYED</td> </tr> <tr> <td>MALE</td> <td>MALE</td> <td>FEMALE</td> <td>FEMALE</td> </tr> <tr> <td>\$20.00</td> <td>\$5.00</td> <td>\$20.00</td> <td>\$5.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		NEUTERED		SPAYED	MALE	MALE	FEMALE	FEMALE	\$20.00	\$5.00	\$20.00	\$5.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>PERSON WITH DISABILITY OR SENIOR CITIZEN FEE 62 YRS OF AGE OR OLDER.</b></p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>NEUTERED</td> <td></td> <td>SPAYED</td> </tr> <tr> <td>MALE</td> <td>MALE</td> <td>FEMALE</td> <td>FEMALE</td> </tr> <tr> <td>\$20.00</td> <td>NO FEE</td> <td>\$20.00</td> <td>NO FEE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p style="text-align: center;"><b>PROOF OF DISABILITY OR AGE REQUIRED.</b></p>		NEUTERED		SPAYED	MALE	MALE	FEMALE	FEMALE	\$20.00	NO FEE	\$20.00	NO FEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														

OWNERS NAME	TELEPHONE #	OWNERS DATE OF BIRTH
		MO      DAY      YR
STREET ADDRESS		
CITY	STATE	ZIP CODE

License tags will be valid for a period of twelve (12) months. No license will be issued unless proof of inoculation and sterilization is provided.

I hereby verify I am the owner of the described pet and all information provided on this application is true and correct.

\_\_\_\_\_  
PET OWNERS/APPLICANT SIGNATURE

\_\_\_\_\_  
DATE