



### Pet Owner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact Name and Phone Number: \_\_\_\_\_  
Veterinarian Name and Phone Number: \_\_\_\_\_

### Pet #1 Information

Name: \_\_\_\_\_ Primary Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_  
Male/Female (circle one) Dog/Cat (circle one) Altered? Yes/No (circle one) Mixed/Breed? Yes/No (circle one)  
Date of Birth or approx. age: \_\_\_\_\_ Microchip number: \_\_\_\_\_  
Rabies Vaccine: Vaccination date: \_\_\_\_\_ expiration date: \_\_\_\_\_

### PET #2 INFORMATION

Name: \_\_\_\_\_ Primary Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_  
Male/Female (circle one) Dog/Cat (circle one) Altered? Yes/No (circle one) Mixed/Breed? Yes/No (circle one)  
Date of Birth or approx. age: \_\_\_\_\_ Microchip number: \_\_\_\_\_  
Rabies Vaccine: Vaccination date: \_\_\_\_\_ expiration date: \_\_\_\_\_

### PET #3 INFORMATION

Name: \_\_\_\_\_ Primary Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_  
Male/Female (circle one) Dog/Cat (circle one) Altered? Yes/No (circle one) Mixed/Breed? Yes/No (circle one)  
Date of Birth or approx. age: \_\_\_\_\_ Microchip number: \_\_\_\_\_  
Rabies Vaccine: Vaccination date: \_\_\_\_\_ expiration date: \_\_\_\_\_

**Your license application will not be complete without:**

1. Current copies of Rabies Vaccinations status
2. Proof of Spay/Neuter if receiving an altered license
3. License fee. (Fees are \$10 per year for altered pets. Unaltered pets \$16 per year)

Mail or take license application to: City of Winnfield 120 E. Main Street Winnfield, LA.71483