

CITY OF LONGMONT 2018 PET LICENSING INFORMATION - PLEASE PRINT CLEARLY

Owner Name: _____ Date: _____

Street Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Name of Your Vet Clinic: _____

Would you like to receive emails from Longmont Humane Society? Yes No I already do!

Would you like to make a tax-deductible donation to help our shelter's homeless animals? Yes No

Can Longmont Humane share your name and phone number with a "finder" in the event your pet is found running loose? Yes No

Name: _____ Species: Dog Cat Pot-Bellied Pig Age: _____

Breed(s): _____ Sex: Male Female Spayed/neutered: Yes No

Size: Small Medium Large Color(s): _____

For completion by license vendor: Fee: _____ License Number: _____

Name: _____ Species: Dog Cat Pot-Bellied Pig Age: _____

Breed(s): _____ Sex: Male Female Spayed/neutered: Yes No

Size: Small Medium Large Color(s): _____

For completion by license vendor: Fee: _____ License Number: _____

Payment Type: Cash Visa MC Discover Staff initials: _____

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