

CITY OF LONGMONT 2019 PET LICENSING INFORMATION - PLEASE PRINT CLEARLY

Owner Name: _____ Date: _____

Street Address _____ Zip Code: _____

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

E-mail address: _____ Name of your Vet Clinic: _____

Did you purchase a Longmont City License last year? Yes No

Would you like to receive e-mails 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 society 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): _____ Color(s): _____

Sex: Male Female Spayed/neutered: Yes No Size: Small Medium Large

For completion by license vendor: Fee: License Number:

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Sex: Male Female Spayed/neutered: Yes No Size: Small Medium Large

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Payment Type: Visa Master Card Discover Cash Staff Initials _____

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