

**CITY OF LONGMONT 2017 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

**PET 1**

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: \_\_\_\_\_

**PET 2**

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: \_\_\_\_\_

**PET 3**

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: \_\_\_\_\_

**PET 4**

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: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO "Longmont Humane Society"

**If purchasing by mail**, please mail this form with a check or money order for the total fee and a stamped, self-addressed envelope to:

Longmont Humane Society  
ATTN: Pet Licensing  
9595 Nelson Road  
Longmont, CO 80501

**Please note: Extra postage is necessary if more than two licenses are being purchased**

TOTAL FEES: \_\_\_\_\_

Payment Type:  Check  Money Order

Staff initials: \_\_\_\_\_