



2024 PET LICENSE



Please fill in the following form and return it with a **COPY** of your pet's current ***CERTIFICATE OF VACCINATION & RABIES TAG NUMBER*** and \$10.00 payable to the **Town of Munster**, 1005 Ridge Road. We will return your pet tag and certificate by mail.

Owner Last Name _____ **Owner First Name** _____
Address _____ **Phone** _____
Pet's Name _____ **Age** _____ **Sex** Male ☐ Female ☐
Neutered/Spayed Yes ☐ No ☐ **Color** _____ **Dog** ☐ **Cat** ☐
Breed _____ **Clinic** _____

FOR OFFICE USE ONLY Rabies Tag # & Exp Date: _____

Rabies Certif. Verification _____ Receipt # _____ Town Tag # _____



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Additional Pets:

Pet's Name _____ **Age** _____ **Sex** Male ☐ Female ☐
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