

2025 PET LICENSE



Please fill in the following form and return it with a <u>COPY</u> 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	Owne	er First Name			
Pet's Name	Age	Sex Male Female			
Neutered/Spayed Yes □ No □ Co	lor	Dog 🗆 Cat 🗆			
Breed	Clinic				
FOR OFFICE USE ONLY Rabies Tag # & Exp Date:					
Rabies Certif. Verification Receipt #	t	_ Town Tag #			

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Owner Last NameOwner First Name			
Address Phone			
Pet's Name	Age	Sex Male Female	
Neutered/Spayed Yes □ No □	Color	Dog □ Cat □	
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Additional Pets: Pet's Name _____ Age ____ Sex Male Define Emaile Define Male Define Sex Male Define De ___ Color ____ Dog Cat Breed **Neutered/Spayed** Yes □ No □ **Clinic** _____ FOR OFFICE USE ONLY Rabies Tag# & Exp Date: _____ Rabies Certif. Verification Receipt # Town Tag # Pet's Name _____ Age ____ Sex Male Define Define Define Sex Male Define _____ Color _____ Dog 🗆 Cat 🗆 Breed **Neutered/Spayed** Yes □ No □ **Clinic** ____ FOR OFFICE USE ONLY Rabies Tag# & Exp Date: ______ Rabies Certif. Verification ____ Receipt # Town Taq # Additional Pets: _____ Color _____ Dog 🗆 Cat 🗆 Breed **Neutered/Spayed** Yes □ No □ **Clinic** _____ FOR OFFICE USE ONLY Rabies Tag# & Exp Date: Rabies Certif. Verification _____ Receipt # _____Town Tag # _____ Pet's Name _____ Age ___ Sex Male Defined Emaile Defined Emaile Defined Defined Emaile Defined E _____ Color _____ Dog 🗆 Cat 🗆 Breed Neutered/Spayed Yes □ No □ Clinic _____ FOR OFFICE USE ONLY Rabies Tag# & Exp Date: Rabies Certif. Verification _____ Receipt # _____Town Tag # _____ *<u>Additional Pets</u>:* Pet's Name _____ Age ___ Sex Male Defende Defe Color Dog Cat Breed Neutered/Spayed Yes □ No □ Clinic _____ FOR OFFICE USE ONLY Rabies Tag# & Exp Date: Rabies Certif. Verification Receipt # Town Tag # Neutered/Spayed Yes □ No □ Clinic _____ FOR OFFICE USE ONLY Rabies Tag# & Exp Date:

Rabies Certif. Verification _____ Receipt # _____Town Tag # _____