

City of Lake City

DEPARTMENT OF GROWTH MANAGEMENT

205 NORTH MARION AVENUE
LAKE CITY, FLORIDA 32055

TELEPHONE: (386) 719-5750

FAX: (386) 758-5426

DATE: _____

LICENSE #: _____ (Agency use)

OWNER INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

HOME NUMBER: _____ OTHER NUMBER: _____

ANIMAL INFORMATION

NAME OF ANIMAL: _____ SPECIES (CIRCLE ONE): CAT DOG PIG

PRIMARY BREED: _____ SECONDARY BREED: _____

PRIMARY COLOR: _____ SECONDARY COLOR: _____

COLOR PATTERN: _____ SEX: _____ ALTERED? _____

DATE OF BIRTH OR AGE OF ANIMAL: _____

RABIES INFORMATION (Please provide copy of rabies certificate)

VACCINATION DATE: _____ EXPIRATION DATE: _____

LOT NUMBER: _____ TAG NUMBER: _____

VET/CLINIC NAME AND ADDRESS: _____

_____ PHONE NUMBER: _____

-----DO NOT WRITE BELOW THIS LINE-----

***IF ANIMAL IS A PIG-RABIES NOT REQUIRED BUT "PROOF OF REGISTRATION THROUGH A NORTH AMERICAN VIETNAMESE POTBELLIED PIG REGISTRY IS REQUIRED." BE SURE TO ENTER THIS INFORMATION IN THE ANIMAL ID SCREEN OF PETWHERE.**

COST OF LICENSE: \$5.00 PER LICENSE (January 1-June 30) \$2.50 PER LICENSE (July 1-December 31)

PAYMENT TYPE: CASH *CHECK _____

*There will be a \$15.00 service fee on all returned checks.