PO Box 128
19750 County Road 31
Gilcrest, CO 80623 (970) 737-2426
veronica@townofgilcrest.org
www.townofgilcrest.org

PET LICENSE REGISTRATION

Proof of current rabies vaccination must accompany this registration. We will not process your request for a Dog License unless you provide proof of rabies vaccination. We will also charge the intact fee unless you provide proof of alteration. This License Expires on December 31st

*****Please Print*****

Pet Guardian's Name: _____
Last First MI

Street Address: _____

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

Email: _____

Alternate Contact: _____ Phone: _____

Pet's Name: _____ Breed: _____

Age: _____ Color/Markings: _____

(Please Circle Which Applies)

NEUTERED MALE SPAYED FEMALE INTACT

RENEWING FOR: _____ $5.00 spayed/neutered
_____ $15.00 intact
_____ Service Animal
_____My pet is deceased; please remove from your list

PLEASE MAKE CHECKS PAYABLE TO THE TOWN OF GILCREST

Official Use Only

Date of Rabies Vaccination: _____ Type: _____1 Year _____3 Years

Spayed or Neutered: *Yes* *No* Tag No: _____

Fee Collected: _____ Receipt No: _____

Authorized Signature: _____