



APPLICATION FOR ANIMAL LICENSE

Date: _____

Owner or Keeper's Name: _____

Address: _____ Oak Ridge North, TX 7738
(Address) (City) (State) (Zip Code)

Telephone No.: _____ Email: _____

Name of Animal: _____ Breed: _____ Color: _____ Sex M / F

Name of Animal: _____ Breed: _____ Color: _____ Sex M / F

Name of Animal: _____ Breed: _____ Color: _____ Sex M / F

Verterinarian's Name: _____

Verterinarian's Address: _____

Verterinarian's Phone No.: _____

Veterinarian's Vaccination Tag Number: _____

(Signature of Owner or Keeper)

LICENSE CERTIFICATE

CITY TAG NUMBER: _____

FEE: \$5.00

DATE OF TAG & CERTIFICATE ISSUANCE: _____

BY: _____

VALID FOR ONE YEAR

City of Oak Ridge North

27424 Robinson Road • Oak Ridge North, Texas 77385

(832)381-3301 • Fax (281) 367-7729