



# City of De Soto Pet License

Date: \_\_\_\_\_

City Tag #: \_\_\_\_\_

Rabies Tag #: \_\_\_\_\_

Rabies expiration date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Male  Female  Spayed  Neutered

*Rabies certificate must accompany this form.*

