

CITY OF FOLLY BEACH PET LICENSE

TAG# _____

ISSUED: _____

EXPIRES: _____

OFFICE USE ONLY

ANIMAL NAME: _____

TYPE: DOG ___ CAT ___ OTHER _____

SEX: M/F

SPAYED: ___ NEUTERED ___ UNK ___

DESCRIPTION: _____

COLOR: _____

RABIES TAG #: _____

ISSUED: _____

EXPIRES: _____

VETERINARIAN: _____

PHONE: _____

OWNER: _____

ADDRESS: _____

P.O. BOX: _____

CITY: _____

STATE: _____

ZIP: _____

DRIVERS LICENSE #: _____

D.O.B: _____

PHONE#: _____

EMAIL: _____

RECEIPT: _____

NO CHARGE: _____

OFFICE USE ONLY