



APPLICATION FOR ANIMAL LICENSE

Municipal Code 7-70(b),
7-85

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

OWNER INFORMATION

Animal Owner Name	Physical Address
PO Box <i>(if applicable)</i>	Phone Number
Alternate Phone Number	Email Address

PET INFORMATION

Animal Name	Species (Please check one) <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Potbellied Pig
Breed/Age/Sex	Identifying Colors or Markings
Weight (Required for potbellied pigs)	Chip # (Required for potbellied pigs)
Is your pet altered? <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Unaltered	

VETERINARIAN AND RABIES INFORMATION

Veterinarian Name	Phone Number
Veterinarian Address	Is your pet current on vaccination for RABIES (This information is required to obtain a pet license) <input type="checkbox"/> Yes <input type="checkbox"/> No
Rabies Tag Number	Date of Vaccination
Vaccination Term <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year	

Additional Information: _____

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____.
 Date Received: _____.
 Amount Due: _____.
 Fee Paid: Staff Initials: ____.
 Approved: _____.
 Date: _____.
 Notes: _____.
 _____.