



VILLAGE OF GLENDALE HEIGHTS

ANIMAL LICENSE APPLICATION

PROOF OF CURRENT RABIES VACCINATION REQUIRED

OWNER(S) NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

DOG: _____ **CAT:** _____
(Check One)

BREED: _____ **SEX:** _____ **COLOR:** _____

PET'S NAME: _____

FOR OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE

RABIES TAG#: _____ **DATE VACCINATED:** _____

LICENSE#: _____ **ISSUE DATE:** _____ **AMOUNT:** _____

License Valid for One Year from Date of Issuance