



**P.O. Box 298, Thayne, Wyoming 83127**  
**Phone: (307) 883-2668 Fax: (307) 883-2680**

## **Pet License Application**

Please **READ** and **Follow** these instructions in order to avoid inconvenience and considerable additional costs to you at a later date.

1. By Town **Ordinance all owner I keepers of pets must license their pets.**
2. You must provide a current rabies vaccination certificate. If **your pet** is spayed or neutered proof must also be provided.
3. A picture should be submitted with applicaiton
4. Fees for **Pet** License - \$10.00
5. If the license is lost during the current license year, a substitute license will be issued at a cost of half the original price.

DO NOT WRITE IN HERE - TOWN CLERK DATA ONLY

Date License Issues: \_\_\_\_\_ New License No. \_\_\_\_\_ Check # \_\_\_\_\_

Rabies Vaccination issued on \_\_\_\_\_ Rabies expires on \_\_\_\_\_ Rabies Tag # \_\_\_\_\_

Copy of Cert Taken: YIN Copy of proof of Spayed/Neutered Received: YIN Digital Picture Received: YIN

Received by: \_\_\_\_\_

Please provide the following information  PLEASE PRINT CLEARLY

Owner(s) Name: \_\_\_\_\_

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

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

Home Phone Number: ( \_\_\_\_\_ ) Cell/Work Number: ( \_\_\_\_\_ )

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

Name of **Pet** • \_\_\_\_\_ Breed of **Pet**: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_