

ANIMAL LICENSE

City of Melrose

TAG NO. _____, _____

RECEIVED OF _____
Last Name First Name Middle Initial

ADDRESS _____

\$ _____ in full payment of Animal License.

License period _____, _____ to _____, _____

Dog Cat Other _____

Name _____ Color _____ Breed _____

Age _____ Sex _____

City Administrator or Administrative Secretary

NOTE: Animal licenses are to be renewed annually by June 1.