



PO Box 128
304 8th Street
Gilcrest, CO 80623
(970) 737-2426
(970) 737-2427 fax
www.townofgilcrest.org

PET LICENSE REGISTRATION

Proof of current rabies vaccination must accompany this registration. We will not process your request for a Dog License unless you provide proof of rabies vaccination. We will also charge the intact fee unless you provide proof of alteration. This License Expires on December 31st

Please Print

Pet Guardian's Name: Last First MI

Street Address:

Home Phone: Work Phone: Cell Phone:

Email:

Alternate Contact: Phone:

Pet's Name: Breed:

Age: Color/Markings:

(Please Circle Which Applies)

NEUTERED MALE SPAYED FEMALE INTACT

RENEWING FOR: \$5.00 spayed/neutered
\$15.00 intact
Service Animal
My pet is deceased; please remove from your list

PLEASE MAKE CHECKS PAYABLE TO THE TOWN OF GILCREST

Official Use Only

Date of Rabies Vaccination: Type: 1 Year 3 Years

Spayed or Neutered: Yes No Tag No:

Fee Collected: Receipt No:

Authorized Signature: