

# City of Livingston

220 East Park Street  
Livingston MT 59047

## Animal License Application

Owner Name: \_\_\_\_\_

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

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

Owner Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Dog / Cat

Male / Female

Spayed / Neutered / Unaltered

Animal Name: \_\_\_\_\_

Animal Breed: \_\_\_\_\_

Animal Color: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Rabies Expiration Date: \_\_\_\_\_

Rabies Tag #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Tag Number: \_\_\_\_\_

\_\_\_\_\_

**Owners Signature**