

Animal Services	Date Issued		Tag#	
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CITY OF FOLLY BEACH PET LICENSE

TYPE OF ANIMAL (Please check one) DOG _____ CAT _____

OWNER'S NAME _____

STREET ADDRESS _____ PO BOX _____

HOME # _____ WORK# _____ OTHER # _____

VET _____ RABIES TAG # _____ EXP DATE _____

PET'S NAME _____ BREED _____

COLOR _____ AGE _____ WEIGHT _____

SEX _____ SPAYED or NEUTERED?: YES: _____ NO: _____

e-mail address: _____

(if you would like Folly Beach animal related notices)

Animal Services	Fee	
	Receipt#	

To Pet Owners:

Please fill out one sheet per dog or cat. Do not fill in shaded areas. Fee \$3.00 per pet. Free for persons 55 years of age and older Please make check or money order payable to The City of Folly Beach. Mail payment and completed form to:

Folly Beach Public Safety
P.O. Box 48
Folly Beach, SC 29439

2010 Pet Tag will be mailed to you. If you have any questions call Animal Services, 588-7003, between 9am and 5pm, Monday –Friday.