



CITY OF FOLLY BEACH PET LICENSE

TAG# _____ ISSUED: _____ EXPIRES: _____

OFFICE USE ONLY

ANIMAL NAME: _____ TYPE: DOG ___ CAT ___ OTHER _____ SEX: M/F

SPAYED: ___ NEUTERED ___ UNK ___

DESCRIPTION: _____ COLOR: _____

RABIES TAG #: _____ ISSUED: _____ EXPIRES: _____

VETERINARIAN: _____ PHONE: _____

OWNER: _____

PHYSICAL ADDRESS: _____ P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE #: _____ PHONE#: _____

EMAIL: _____

How would you like to be reminded when it's time to renew your license? ___ email ___ mail