

No. \_\_\_\_\_

City of Flagler Beach  
Animal License

Tag No. \_\_\_\_\_

Date \_\_\_\_\_

Received of \_\_\_\_\_

Name

Address

Mailing Address

Phone

\$ \_\_\_\_\_ in full payment of City License for year ending \_\_\_\_\_

Dog/Cat \_\_\_\_\_ Other \_\_\_\_\_

Male/Female \_\_\_\_\_ Breed \_\_\_\_\_

Name \_\_\_\_\_ Color \_\_\_\_\_

Inoculation # \_\_\_\_\_

Microchip # \_\_\_\_\_

\_\_\_\_\_  
CLERK