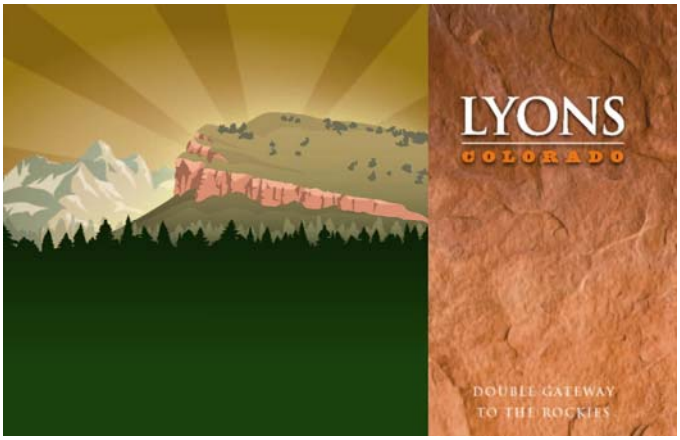

TOWN OF LYONS

PET LICENSE REGISTRATION FORM

Date: _____ Amount Paid: _____

Dog Owner's Name: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

Physical Address: _____

City:_____ State: _____ Zip: _____

E-Mail: _____

Phone: Home: _____

Work: _____

Pet's Name: _____

Pet's Sex: ☐ Male ☐ Female

Pet's Markings: _____

For Canine's Only: What is the Breed of your pet? _____

_____

For Office Use Only:

Owner's Name: _____

License Tag #: _____

Expires: _____ Amount Paid: _____