

**ANIMAL LICENSE FORM**

**VILLAGE OF MURRAY  
P.O. BOX 79  
MURRAY, NE 68409-0079**

**TO PROTECT PUBLIC HEALTH, A COPY OF CURRENT  
RABIES VACCINATION IS REQUIRED FOR EACH PET.**

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_ PRINT OWNER'S LAST NAME: \_\_\_\_\_  
                  M   D   Y

OWNER'S PRINTED FULL NAME: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

CURRENT STREET & HOUSE ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

PET'S NAME:	SEX:	ALTERED:	AGE:	SPECIES:	COLOR:
_____	_____ M/F	_____ YES/NO	_____ _____	_____ _____	_____ _____
_____	_____ M/F	_____ YES/NO	_____ _____	_____ _____	_____ _____
_____	_____ M/F	_____ YES/NO	_____ _____	_____ _____	_____ _____

**KENNEL LICENSE MUST BE PURCHASED IF YOU OWN MORE THAN THREE (3) DOGS.  
FOR MORE INFORMATION, CALL TOWN HALL, 402-235-2119.**

_____	_____ M/F	_____ YES/NO	_____ _____	_____ _____	_____ _____
_____	_____ M/F	_____ YES/NO	_____ _____	_____ _____	_____ _____
_____	_____ M/F	_____ YES/NO	_____ _____	_____ _____	_____ _____

**USE ADDITIONAL SHEETS OF PAPER TO REGISTER MORE THAN SIX (6) PETS.**

**(OVER)**

