**Town of Aguilar Animal License Application**

**101 W. Main Street, P.O. Box 538, Aguilar CO. 81020**

**(719) 941-4360 (719) 941-4395**

Section 1: Owners Information

First Name Last Name

Street Address

City State Zip Phone No.

Mailing Address

City State Zip

Section 2: Dogs Information

Name of Dog

Breed

Sex (Circle all that apply) Male Female Neutered Spayed

Color Last Vaccination Date

Previous License Number Need Replacement Tag: Yes No

Section 3: Veterinarian Information

Name

Street Address

City State Zip Phone No.

Mailing Address

City State Zip

Please submit a copy of your pets Rabies Vaccination Certificate and Spay/Neuter Certificate.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Approval Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

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