



TOWN OF LA VETA PET LICENSE APPLICATION

Application Date: _____

PET OWNER

Last Name: _____ First Name: _____

Address: _____

Phone Number: _____

PET INFORMATION

Pet Name: _____ Age: _____ Gender: Male Female

Pet DOB: _____ Rabies Vaccination Tag ID: _____

Primary Color: _____ Rabies Vaccination Date: _____

Breed: _____ Rabies Expiration Date: _____

FEE \$15.00

Payment Amount: _____

Payment Method: _____

License Issue Date: _____ Town License No: _____

Please print and return this Application with a check for the license fee to the address below. In addition, **please provide a photocopies of the current rabies vaccination certificate and the spay or neuter certificate, if applicable.**

Make checks payable to:

Town of La Veta
P.O. Box 174
111 W. Moore Ave.
La Veta, CO. 81055
(719) 742-3631

License is valid for two (2) years from the date of issuance.