



Park County Sheriff's Office  
PO Box 604  
Fairplay, CO 80440  
719-836-2494  
Sheriff Tom McGraw

## ANIMAL LICENSE

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Animal Information:

Species (circle one)                      DOG              CAT

Pet's name: \_\_\_\_\_

Pet's breed(s): \_\_\_\_\_

Pet's color(s): \_\_\_\_\_

Pet's age: \_\_\_\_\_ Pet's DOB: \_\_\_/\_\_\_/\_\_\_ Pet's gender: \_\_\_\_\_

Has pet been sterilized (spayed/neutered)? YES    NO

Owner's name: \_\_\_\_\_

Owner's physical address: \_\_\_\_\_ City \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_ City \_\_\_\_\_

Owner's home phone: \_\_\_\_\_ Owner's Cell phone: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

DOG LICENSE-Required by County-

1 Year Sterilized \$10

3 Year Sterilized \$25

1 Year Unsterilized \$30

3 Year Unsterilized \$75

CAT LICENSE- Optional by County-

1 Year Sterilized \$5

3 Year Sterilized \$15

1 Year Unsterilized \$15

3 Year Unsterilized \$40

Veterinarian Information: Dr. and clinic Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach Rabies Vaccination record to this form.

FOR OFFICE USE ONLY:

Tag Number: \_\_\_\_\_ Officer: \_\_\_\_\_ Entered: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_