DOG LICENSE APPLICATION
CITY OF SANIBEL
3880 Sanibel Captiva Road, Sanibel, FL 33957

NAME	DATE:	H/H ID:
HOME PHONE #:	CELL PHONE #:	
HOME ADDRESS:	SANIBEL, FL 33957	
MAILING ADDRESS:		
EMAIL:		
OWNER'S SIGNATURE:		

Staff initial: **For Office Use Only**			**License #:**
DOG'S NAME:	BREED:	COLOR:	AGE:
HAIR: LONG: __ SHORT__	UNUSUAL MARKINGS:		SEX:
RABIES VACCINATION EXPIRATION DATE:			
VETERINARIAN OR CLINIC NAME:			

Staff initial: **For Office Use Only**			**License #:**
DOG'S NAME:	BREED:	COLOR:	AGE:
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