

**PLEASE FILL OUT COMPLETELY  
TOWN OF MEAD  
DOG & CAT LICENSE  
APPLICATION**

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Spayed or Neutered Pet- \$5.00\*\*

Unaltered Pet - \$10.00 \*\*

Owner's Name: \_\_\_\_\_

Day Phone No. \_\_\_\_\_ Evening Phone No. \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City / State / Zip

#1 - Pets Name: \_\_\_\_\_ Vaccination Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Markings /Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Male Neutered - Yes \_\_\_\_\_ Female Spayed Yes \_\_\_\_\_  
No \_\_\_\_\_ No \_\_\_\_\_

**(Office Use Only) - License Number:** \_\_\_\_\_

#2 - Pets Name: \_\_\_\_\_ Vaccination Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Markings /Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Male Neutered - Yes \_\_\_\_\_ Female Spayed Yes \_\_\_\_\_  
No \_\_\_\_\_ No \_\_\_\_\_

**(Office Use Only) - License Number:** \_\_\_\_\_

#3 - Pets Name: \_\_\_\_\_ Vaccination Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Markings /Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Male Neutered - Yes \_\_\_\_\_ Female Spayed Yes \_\_\_\_\_  
No \_\_\_\_\_ No \_\_\_\_\_

**(Office Use Only) - License Number:** \_\_\_\_\_

#4 - Pets Name: \_\_\_\_\_ Vaccination Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Markings /Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Male Neutered - Yes \_\_\_\_\_ Female Spayed Yes \_\_\_\_\_  
No \_\_\_\_\_ No \_\_\_\_\_

**(Office Use Only) - License Number** \_\_\_\_\_