



TOWN OF LA VETA PET LICENSE APPLICATION

Application Date: _____

PET OWNER

Last Name: _____ First Name: _____

Address: _____

Phone #: _____ E-Mail: _____

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 the application with a check for \$15 to the address below.
In addition, **please provide photocopies of the current rabies vaccination certificate.**

Make checks payable to:

Town of La Veta
209 South Main Street
P.O. Box 174, La Veta, CO. 81055
(719) 742-3631

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