

City of Waverly Animal License Receipt

Date: _____ Tag # _____

Owner's Name _____

Owner's Address _____

Mailing Address _____

Phone: _____

Animal's Name _____ Color _____

Breed _____ Dog _____ Cat _____

Male _____ Female _____ Neutered Y or N

License Expires _____ Year _____

All licenses expire on 12/31 of the year indicated on the license.

Rabies Exp Date _____

Rabies Tag # _____

Vet Clinic _____

Amount Due \$ _____

Paid by _____ Check _____ Cash