



TOWN OF FREDERICK

333 FIFTH STREET • P.O. BOX 639 • FREDERICK, CO 80530-0435
PHONE: (720) 382-5700 • FAX: (303) 833-2516
WEBSITE: WWW.FREDERICKCO.GOV

Police Department

PET LICENSE

PET NAME: _____

Pet Gender: _____

Spayed/Neutered _____

Breed: _____

Color: _____

Owner Information:

Owner Name (last, first, middle):	
Owner Address:	
Owner City/State/Zip:	
Owner PO Box with city and zip:	
Owner Date of Birth (DOB):	
Home Phone:	Cell Phone:
Email Address:	

Veterinarian Information:

Rabies Tag Number:	Rabies Expiration Date:
Veterinarian Clinic Name:	Microchip Number:
Veterinarian Name:	
Address:	
City, State, Zip	
Office Phone Number:	

Town Tag: _____ (LAST 4 DIGITS ONLY)

Issued Date: _____

Expiration Date: 12/31/_____ (License is valid for January – December only)

Price \$_____

policeshare/records/doglicense/form