

# VILLAGE OF LYNWOOD

PHONE (708) 758-6101

For Office Use Only

## ANIMAL LICENSE

DATE ISSUED: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

Breed(s): \_\_\_\_\_

Color: \_\_\_\_\_

(Circle) Sex:    M            F

Rabies Cert. No. \_\_\_\_\_

MO/YR Shot: \_\_\_\_\_ / \_\_\_\_\_

(Circle) Years:    1yr            3 yrs