

CITY OF SELMA PET LICENSE

Tag No. \_\_\_\_\_

Phone No. \_\_\_\_\_

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

RECEIVED OF: \_\_\_\_\_  
Name Address

\$ \_\_\_\_\_ in full payment of City License on  Male  Female  Cat  Dog for year ending

\_\_\_\_\_ 20 \_\_\_\_ Pet's Name: \_\_\_\_\_

Color: \_\_\_\_\_ Breed: \_\_\_\_\_  Neutered/Spayed

\_\_\_\_\_  
Clerk's Signature

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