



Mail the Completed Form, a copy of your Rabies Vaccination, and spay/neuter proof to:

PET LICENSE & CIVIL FINE PAYMENTS
121 North Rouse Ave.
P.O. Box 1230
Bozeman Montana 59771-1230

Table with 2 columns: Animal Type (Dog, Cat) and Annual License Fees (Neutered/Spayed, Unaltered). Fees range from \$5 to \$25.

Owner's Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone:(H/W) _____ Cell: _____

Dog#1 Name: _____ Breed: _____ Color: _____ Sex: _____

Spay/Neuter: _____ Rabies Tag # _____ Expires: _____ Vet: _____

Dog#2 Name: _____ Breed: _____ Color: _____ Sex: _____

Spay/Neuter: _____ Rabies Tag # _____ Expires: _____ Vet: _____

Cat#1 Name: _____ Breed: _____ Color: _____ Sex: _____

Spay/Neuter: _____ Rabies Tag # _____ Expires: _____ Vet: _____

Cat#2 Name: _____ Breed: _____ Color: _____ Sex: _____

Spay/Neuter: _____ Rabies Tag # _____ Expires: _____ Vet: _____

Total Amount Enclosed: \$ _____ (Payable to City of Bozeman)

Enclose a copy of rabies vaccination and spay/neuter proof, if applicable.