



## TOWN OF LA VETA PET LICENSE APPLICATION

License is valid for two (2) years from the date of issuance.

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

### PET OWNER

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### PET INFORMATION

Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male ☐ Female ☐

Pet DOB: \_\_\_\_\_

Rabies Vaccination Tag ID: \_\_\_\_\_

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

Rabies Vaccination Date: \_\_\_\_\_

Breed: \_\_\_\_\_

Rabies Expiration Date: \_\_\_\_\_

Please print and return the application with payment to the town hall. In addition, please provide photocopies of the current rabies vaccination certificate.

Make checks payable to:

Town of La Veta

209 South Main Street

P.O. Box 174, La Veta, CO. 81055

### PLEASE READ CAREFULLY AND COMPLETE AS REQUESTED

Do not write below, this section is for the Town of La Veta to fill out

FEE \$15.00

Payment Amount: \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_

License Issue Date: \_\_\_\_\_ Town License No: \_\_\_\_\_

Town of La Veta  
209 South Main Street  
P. O. Box 174  
La Veta, CO 81055-0174

(719) 742-3631  
fax (719) 742-5420  
Huerfano County