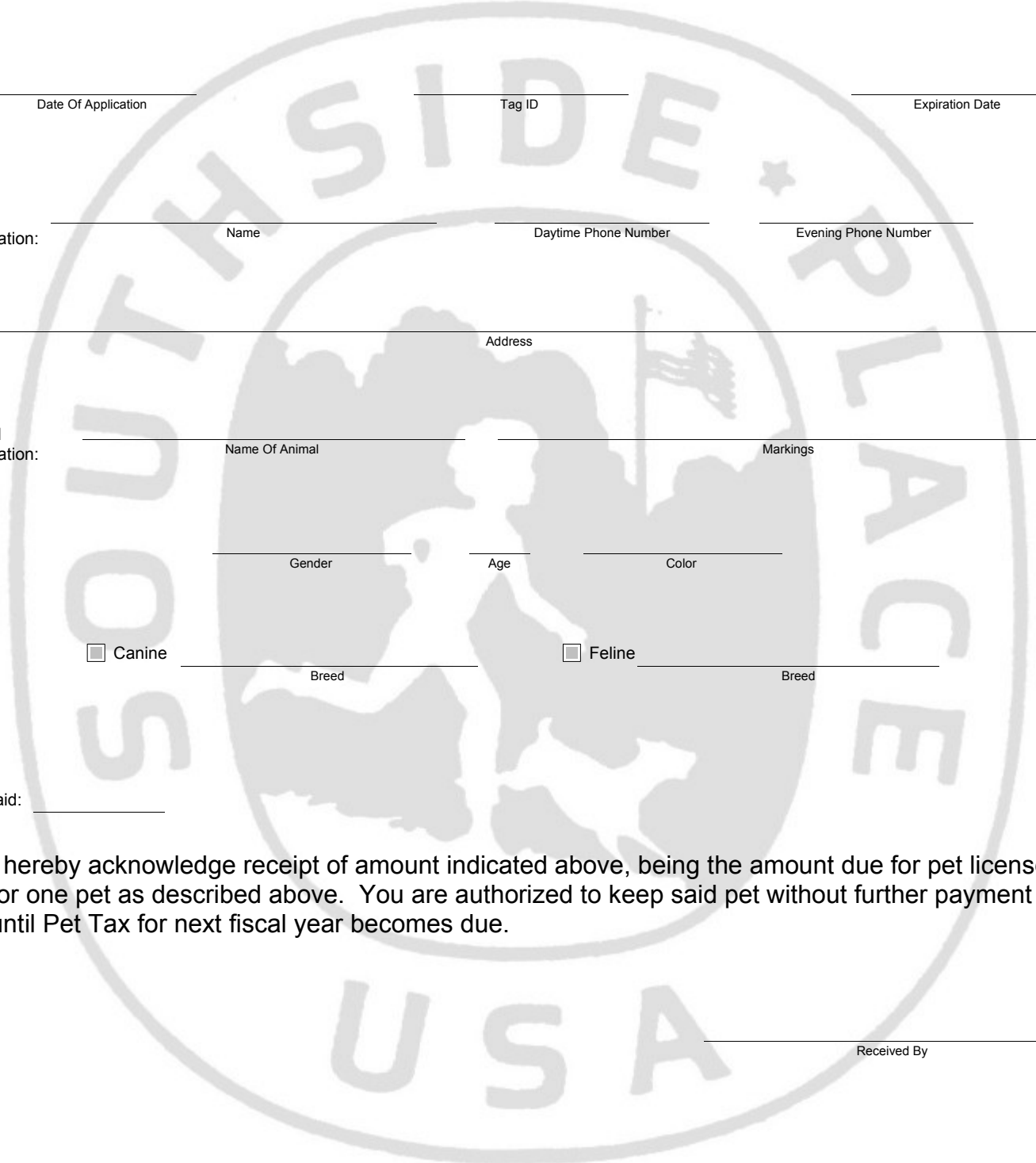


CITY OF SOUTHSIDE PLACE PET LICENSE



Date Of Application _____ Tag ID _____ Expiration Date _____

Owner Information: Name _____ Daytime Phone Number _____ Evening Phone Number _____

Address _____

Animal Information: Name Of Animal _____ Markings _____

Gender _____ Age _____ Color _____

Canine _____ Breed _____ Feline _____ Breed _____

Fee Paid: _____

I hereby acknowledge receipt of amount indicated above, being the amount due for pet license for one pet as described above. You are authorized to keep said pet without further payment until Pet Tax for next fiscal year becomes due.

Received By _____