

# ANIMAL LICENSE

NO.

TOWN OF *Chelsea*

DATED

THIS CERTIFIES THAT (*Name + Address*)

THE UNDERSIGNED, IS THE OWNER OR KEEPER OF THE ANIMAL KEPT AT

AND DESCRIBED AS FOLLOWS:

TEL:

NAME

AGE	SIZE	SEX	COLOR	PROMINENT BREED	SPECIES					
YRS.	MO.	SM.	MED.	LG.	M.	F.	M.	F.	M.	F.

FURTHER DETAILS

AND IS THE ANIMAL DESCRIBED IN <b>RABIES VACCINATION CERTIFICATE NO.</b>	<b>EXPIRATION DATE</b>
<b>DATED</b>	<b>SIGNATURE OF OWNER OR KEEPER</b>

IN RELIANCE OF THE ABOVE CERTIFICATE AND PAYMENT OF THE FEE OF \$

THE ANIMAL ABOVE DESCRIBED IS LICENSED FOR THE PERIOD ENDING APRIL 1,

**NOTE:** DOGS AND WOLF HYBRIDS MUST WEAR A COLLAR WITH LICENSE TAG ATTACHED THERETO.

TOWN CLERK

IDS 802-479-2161

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