



ANIMAL OWNERSHIP LICENSE

TAG NUMBER	_____
FEE PAID	_____
DATE PAID	_____
FOR OFFICE USE ONLY	

PLEASE PRINT CLEARLY

OWNER'S NAME _____

Last

First

ADDRESS _____

PHONE NUMBER _____

HOME

WORK

CELL

TYPE OF ANIMAL _____

DOG

CAT

SEX _____

MALE

FEMALE

ANIMAL'S NAME _____

BREED _____

COLOR _____

MICROCHIP _____

YES

NO

MICROCHIP ID NUMBER _____

BRAND _____

PLEASE MAIL/RETURN: TO:

VILLAGE OF WHEELING
2 COMMUNITY BLVD.
WHEELING, IL 60090
PHONE: 847-459-2600