



CITY OF VICTOR
P. O. Box 86, Victor, CO 80860
719-689-2284

(Fees: See City of Victor Fine and Fee Schedule)

Name of Pet Owner _____
Home Phone _____ Business/Mobile Phone _____
Physical Address _____
City _____ State _____ Zip _____
Email Address _____

Name of Pet: _____
Breed of Pet: _____ Color: _____
Markings: _____
 Spayed or Neutered Male
 Not Spayed or Neutered Female

Name of Pet: _____
Breed of Pet: _____ Color: _____
Markings: _____
 Spayed or Neutered Male
 Not Spayed or Neutered Female

Name of Pet: _____
Breed of Pet: _____ Color: _____
Markings: _____
 Spayed or Neutered Male
 Not Spayed or Neutered Female

Signature of Applicant

Date

FOR OFFICE USE ONLY

License #: _____ Year: _____ Expires: _____ Issued By: _____ Fee: _____

License #: _____ Year _____ Expires: _____ Issued By: _____ Fee: _____

License #: _____ Year _____ Expires: _____ Issued By: _____ Fee: _____

TOTAL Fees Paid: _____ Cash _____ Check _____ Credit Card _____ Date: _____