



# Department of Agriculture Dipattamenton Agrikottura

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Felix P. Camacho  
Governor

Paul Bassler  
Director

Kaleo S. Moylan  
Lt. Governor

Joseph Torres  
Deputy Director

## APPLICATION FOR PET LICENCE

DATE: _____	
NAME OF OWNER: _____	
MAILING ADDRESS: _____	
HOME ADDRESS: _____	
TEL NO.: HOME _____	WORK _____
VETENERIAN: _____	VET NO. _____
BREED _____	NAME: _____
WEIGHT: _____	SEX _____
COLOR _____	AGE _____
RABIES VACC. TAG NO. _____	VACC. DATE _____
PET OWNERS SIGNATURE <u>  X  </u> _____	
<b>THIS LICENCE EXPIRES ON DECEMBER 31,2005</b>	
<b>*FOR OFFICE USE ONLY*</b>	
LICENCE FEE 5:00 _____	FR# _____ DATE PAID _____
PAID BY <u>OWNER</u> _____	PET LICENCE TAG NO: _____
***** RABIES VACCINATION CERTIFICATE	
PROCESS BY: <u>VINCE SALAS</u>	