TOWN OF GREEN MOUNTAIN FALLS www.gmfco.us 2017 DOG LICENSE REGISTRATION FORM

EXPIRES: 01/31/18

OWNER'S NAME:		
STREET ADDRESS:		
MAILING ADDRESS: P.O. BOX		
HOME PHONE #	DAY CONTACT #	
Email Address:		
DOG'S NAME (S): (1)	(2)	
BREED: (1)	(2)	
COLOR: (1)	(2)	
RABIES TAG #	VACCINATION DATE:	
NEUTERED MALE: YES NO	SPAYED FEMALE: YES	NO
GMF'S LICENSE #: 2017	ISSUE DATE:	
	OF GREEN MOUNTAIN FALLS www.gmfco.us LICENSE REGISTRATION FORM	
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HOME PHONE #	DAY CONTACT #	
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