



# Pet License Application

City of Hillsboro

101 Main Street, P.O. Box 19

Hillsboro MO 63050

Phone: 636-797-3334 Fax: 636-789-2112

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Receive Text Notification Y N

Email address \_\_\_\_\_

Pet's Name \_\_\_\_\_

Pet's Breed \_\_\_\_\_

Color \_\_\_\_\_

Neutered/Spayed Y N

Microchipped Y N Number \_\_\_\_\_

Color of collar \_\_\_\_\_