CITY OF FERNLEY
ANIMAL CONTROL
595 SILVER LACE BLVD.
FERNLEY, NV. 89408
775-784-9801

Fernley Animal Licensing Application

PROOF OF CURRENT RABIES VACCINATION REQUIRED

Date: _____

Last Name: _____ First Name: _____

Physical Address: _____ City/Zip: _____

Mailing Address: _____ City/Zip: _____

Home Phone: _____ Other Phone: _____

Pet Information

Name: _____

Sex: _____ Spayed/Neutered? Y N Age or DOB: _____ Color: _____

Breed: _____ Rabies Tag #: _____ Rabies Exp. Date: _____

Microchip #: _____ License #: _____

Name: _____

Sex: _____ Spayed/Neutered? Y N Age or DOB: _____ Color: _____

Breed: _____ Rabies Tag #: _____ Rabies Exp. Date: _____

Microchip #: _____ License #: _____

Name: _____

Sex: _____ Spayed/Neutered? Y N Age or DOB: _____ Color: _____

Breed: _____ Rabies Tag #: _____ Rabies Exp. Date: _____

Microchip #: _____ License #: _____