

City of Livingston

110 South B Street
Livingston MT 59047

Animal License Application

Owner Name: _____

Physical Address: _____

Mailing Address: _____

Owner Phone: _____

Driver's License Number: _____

Dog / Cat

Male / Female

Spayed / Neutered / Unaltered

Animal Name: _____

Animal Breed: _____

Animal Color: _____

Veterinarian: _____

Rabies Expiration Date: _____

Rabies Tag #: _____

Date Paid: _____

Amount Paid: _____

Tag Number: 2020- _____

Owners Signature