



CHUBBUCK POLICE DEPARTMENT PET LICENSE APPLICATION

5160 Yellowstone Avenue P.O. Box 5604 Chubbuck, ID 83202-5604
Police: (208) 237-7172 Records: (208) 238-2376 Fax: (208) 237-0944

Instructions: All owner and pet information is required. Providing emergency contact information will allow this agency to contact someone in the event you cannot be reached. Each license is valid until the date listed at the bottom of the form. If any of your personal or emergency contact information changes, it is your responsibility to notify this agency. Incorrect or outdated information may result in your animal being impounded and/or treated by a veterinarian at your expense. If you have any questions regarding this form or associated fees, contact the animal control division.

PET OWNER INFORMATION:

Full Legal Name:	Date Of Birth:	Home Phone:	Cellular Phone:	Work Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address:	City:	State:	Zip Code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

EMERGENCY CONTACT INFORMATION:

Contact #1 Full Legal Name:	Relation:	Date of Birth:	Home Phone:	Cellular Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact #2 Full Legal Name:	Relation:	Date of Birth:	Home Phone:	Cellular Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PET INFORMATION:

First Pet's Name:	Breed:	Colors:				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Weight:	Age:	Gender:	Vaccinated?:	Spayed / Nuetered?:	Chipped?:	Tag #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Pet's Name:	Breed:	Colors:				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Weight:	Age:	Gender:	Vaccinated?:	Spayed / Nuetered?:	Chipped?:	Tag #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Pet's Name:	Breed:	Colors:				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Weight:	Age:	Gender:	Vaccinated?:	Spayed / Nuetered?:	Chipped?:	Tag #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CPD RECORDS BUREAU USE ONLY:

Issued By:	Badge #:	Expiration Date:	Forwarded to Dispatcher:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>