



BLUEBERRY CAPITAL OF MISSISSIPPI

CITY OF POPLARVILLE

200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470

Phone: 601-795-8161 Fax: 601-795-0141

deputyclerk2@poplarvillems.gov ♦ cityhall@poplarvillems.gov

APPLICATION FOR ANIMAL LICENSE

I. OWNER INFORMATION

Name: _____ Address: _____

Driver's License # _____ City/State/Zip: _____

Phone - work: _____ Phone - home: _____

Name & Phone # of Veterinarian: _____

II. ANIMAL (1) INFORMATION:

Breed: _____ Name: _____

Gender: _____ Altered? (Spayed/Neutered): _____

Description: _____ Age: _____

Name & Phone # of Veterinarian: _____

Rabies Vaccination #: _____ License Number Issued: _____

ANIMAL (2) INFORMATION:

Breed: _____ Name: _____

Gender: _____ Altered? (Spayed/Neutered): _____

Description: _____ Age: _____

Rabies Vaccination #: _____ License Number Issued: _____

ANIMAL (3) INFORMATION:

Breed: _____ Name: _____

Gender: _____ Altered? (Spayed/Neutered): _____

Description: _____ Age: _____

Rabies Vaccination #: _____ License Number Issued: _____

ANIMAL (4) INFORMATION:

Breed: _____ Name: _____

Gender: _____ Altered? (Spayed/Neutered): _____

Description: _____ Age: _____

Rabies Vaccination #: _____ License Number Issued: _____

ANIMAL (5) INFORMATION:

Breed: _____ Name: _____

Gender: _____ Altered? (Spayed/Neutered): _____

Description: _____ Age: _____

Rabies Vaccination #: _____ License Number Issued: _____

III. Have you, or anyone in your household, ever been convicted of animal cruelty? Yes _____ No _____

Do you own any other animals? Yes _____ No _____

If So, Kind & Number: _____

We are an Equal Opportunity Service Provider

I understand the city of Poplarville has an animal control ordinance which includes a restraint regulation. I agree to abide by the rules and regulations of the City of Poplarville Animal Control Ordinance.

SIGNED THIS THE _____ DAY OF _____, 20_____

Applicant

AMT. PAID: _____ DATE: _____ RECEIPT #: _____

CLERK: _____ LICENSE NUMBER(S) ISSUED: _____