



BLUEBERRY CAPITAL OF MISSISSIPPI

**CITY OF POPLARVILLE**

200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470

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**APPLICATION FOR VETERINARY CLINIC**

**OWNER INFORMATION**

**BUSINESS INFORMATION**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Phone - work: \_\_\_\_\_

Phone - work: \_\_\_\_\_

Privilege License Number: \_\_\_\_\_

**DESCRIPTION OF ACTIVITY:** \_\_\_\_\_

**DESCRIPTION OF ANIMALS:** \_\_\_\_\_

Have you, or anyone in your household, ever been convicted of animal cruelty? Yes \_\_\_\_\_ No \_\_\_\_\_

**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 Signature

This application has been approved by the police department:

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date

**We are an Equal Opportunity Service Provider**

DATE: \_\_\_\_\_

LICENSE NUMBER ISSUED: \_\_\_\_\_

CLERK: \_\_\_\_\_