

# CITY OF PROVIDENCE ANIMAL LICENSE APPLICATION

Please fill this out and either mail or bring it in person to:

**Providence Animal Shelter** | 200 Terminal Road Providence, RI 02905

The City of Providence Ordinance on Animals (Chapter 4) requires all dogs over the age of 4 months to have a current rabies vaccination and City of Providence Animal License.

Please print clearly and fill in all information

LAST NAME: .....

FIRST NAME: .....

ADDRESS: .....

APT. #: .....

ZIP: .....

PHONE: (.....) ..... - .....

NAME OF VET OR HOSPITAL: .....

MICROCHIP NUMBER: .....

PET NAME: .....

COLOR(S): .....

WEIGHT: .....

AGE/BIRTH DATE: .....

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