

VILLAGE OF SOUTH BARRINGTON

ANIMAL LICENSE APPLICATION

TAGS \$5 - PLEASE PROVIDE RABIES CERTIFICATE NUMBER FOR DOGS

OFFICE USE ONLY

CASH
OR
CHECK #

FEE: _____

DATE: _____

PLEASE PRINT CLEARLY - MUST BE COMPLETED:

Last name First name

Address
SOUTH BARRINGTON, IL 60010
Phone _____

| OFFICE USE | RABIES # | BREED | M/F | COLOR | AMOUNT |
|------------|----------|-------|-----|-------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | TOTAL | |

_____ Check if new resident
Make checks payable to Village of South Barrington, 30 S Barrington Rd, South Barrington, IL 60010