

JACKSON COUNTY PET LICENSE APPLICATION

Mail To: Jackson County Animal Control
140 S. Holly Street
Medford, OR 97501

Veterinarian Clinic _____

Owners Name _____ Phone (____) _____ Email _____

Mailing Address _____ City _____ Zip _____

Pet's Name _____ Breed _____ Color _____

Dog _____ Cat _____ Age _____ Male _____ /Neutered _____ Female _____ /Spayed _____ Size _____

License # _____ Rabies Tag # _____ Expiration Date _____

License Fee \$ _____ **Donations \$** _____ **Total \$** _____

White copy to County, yellow copy to customer, and pink copy to vendor.