

City of Gaithersburg · 31 South Summit Avenue · Gaithersburg, Maryland 20877

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## PET LICENSE APPLICATION

*All information must be complete to initiate processing of application***1) APPLICANT/PET OWNER** *(must be at least 18 years of age)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

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**2) PET INFORMATION**Species:  Cat  Dog

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Breed \_\_\_\_\_ Secondary Breed \_\_\_\_\_

Primary Color \_\_\_\_\_ Secondary Color \_\_\_\_\_

Sex:  Male  Female Altered?  No  Yes If yes, Spay or Neuter Date \_\_\_\_\_Microchip Number *(if applicable)* \_\_\_\_\_

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**3) VACCINATION INFORMATION**

Rabies Vaccination Expiration Date \_\_\_\_\_

Name of Veterinarian or Clinic that Administered Rabies Vaccine \_\_\_\_\_

Telephone Number of Veterinarian or Clinic that Administered Rabies Vaccine \_\_\_\_\_

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**REQUIRED SUBMITTALS**

- Copy of Current Rabies Vaccination Certificate  
 Copy of Spay/Neuter Certificate or Signed Affidavit *(see below)*  
 Fee
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**SPAY/NEUTER AFFIDAVIT**

I hereby certify that my pet (name) \_\_\_\_\_

*(please check one)*

\_\_\_\_\_ has been spayed or neutered by (vet's name) \_\_\_\_\_ on/or about \_\_\_\_\_.

\_\_\_\_\_ was spayed or neutered while owned by a previous owner and documentation to verify the surgery is unavailable.

Owner's Signature \_\_\_\_\_