

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

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plancode@gaitthersburgmd.gov · www.gaitthersburgmd.gov**LITTER 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 _____

City _____ State _____ Zip Code _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address _____

2) PET INFORMATIONSpecies: Cat Dog

Name _____

Primary Breed _____ Secondary Breed _____

Primary Color _____ Secondary Color _____

City License Tag Number _____ Microchip Number *(if applicable)* _____

Date of Birth _____ Date of Previous Litters _____

Has the Animal Whelped? Yes No**3) VETERINARIAN INFORMATION**

Name of Veterinarian _____

Telephone Number of Veterinarian _____

Date of Last Veterinary Examination _____

Date of Last Fecal Examination _____ Results _____