



CLOVIS ANIMAL SHELTER

2203 E. Brady
Clovis, NM 88101
(575) 769-7893

ANIMAL LICENSE APPLICATION

1. You must live within the incorporated city limits of the City of Clovis.
2. Vaccinations must cover the licensing period.
3. Must provide proof of rabies vaccination that is valid when the license is issued or have Veterinarian complete the certificate of Rabies below.
4. New animals must be licensed within 30 days of moving into the incorporated city limits of the City of Clovis.
5. This license must be renewed 3 years from the date of this application.

**Please complete the following information, type or print clearly.
Return completed application and proof of vaccinations to the Clovis Animal Shelter.**

Owner Information

Owner Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Email (optional): _____ Cell Phone: _____

Animal Information

Name of Animal: _____ Species: Dog or Cat Breed: _____
Sex: M or F Spayed/Neutered Y or N Color: _____ Age: _____ DOB: _____
Rabies Tag #: _____ Expires: _____ Microchip Brand & #: _____

Alternate Contact Information

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City, State, Zip: _____ Cell Phone: _____

Veterinarian/City Use Only

Certification of Rabies Vaccination

I hereby certify that I am a licensed Veterinarian and on this date the above described animal was vaccinated according with a New Mexico approved vaccine.

Doctor's Signature _____ Date _____

Print Name of Veterinary Clinic: _____

Clinic Address: _____

Clinic Phone No.: _____

OR Rabies vaccination verified by: _____

City Use Only

Tag No. _____ Issued by: _____ Date: _____