

City of Bixby Animal License

Animal Information:

Owner Information:

Animal's Name:

Name:

Species _____

Address: _____

Breed _____

Sex _____ Color _____

Phone: _____

Weight _____ Age _____

Cell # _____

Markings _____

Work # _____

Office Use Only _____

Rabies Vaccination: See Attached

Animal Impounded: Yes / No

Date Impounded: _____

Tag # _____

Issue Date _____

Expires _____

\$3.00 License Fee

Mail to City of Bixby P.O. Box 70 Bixby, Ok. 74008

Must have copy of current Rabies Vaccination