



**Marion County  
Board of County Commissioners**

**Animal Services**

5701 SE 66th St.  
Ocala, FL 34480  
Phone: 352-671-8700  
Fax: 352-671-8717

**Veterinary Animal License Revenue**

Clinic/Veterinarian Name: \_\_\_\_\_ Revenue Month/Year: \_\_\_\_\_

**Licenses Sold/Issued:** License number: \_\_\_\_\_ to \_\_\_\_\_ licenses sold \_\_\_\_\_  
 License number: \_\_\_\_\_ to \_\_\_\_\_ licenses sold \_\_\_\_\_  
 License number: \_\_\_\_\_ to \_\_\_\_\_ licenses sold \_\_\_\_\_  
 License number: \_\_\_\_\_ to \_\_\_\_\_ licenses sold \_\_\_\_\_  
**\* Total Licenses Sold/Issued** \_\_\_\_\_

**Type of Licenses Sold:**

Sterilized	1 yr.	_____	x	\$10.00 =	_____
Sterilized	2 yr.	_____	x	\$20.00 =	_____
Sterilized	3 yr.	_____	x	\$30.00 =	_____
Non-sterile age (under 6 months)	1 yr.	_____	x	\$10.00 =	_____
Non-sterile	1 yr.	_____	x	\$75.00 =	_____
Non-sterile	2 yr.	_____	x	\$150.00 =	_____
Non-sterile	3 yr.	_____	x	\$225.00 =	_____
Dangerous Dog	1 yr.	_____	x	\$150.00 =	_____
Replacement	1 yr.	_____	x	\$5.00 =	_____
Exempt		_____		No Charge	-----
Prepaid		_____		\$0.00	-----
<b>Totals</b>		_____	*		_____

\* Should match above

Prepaid Receipt Numbers \_\_\_\_\_

Missing License Numbers \_\_\_\_\_

Veterinary Signature \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_