

# CITY OF NEWPORT NEWS ANIMAL LICENSE REQUEST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Have you enclosed a valid/current rabies certificate from your veterinarian for each animal?  
Have you enclosed the appropriate fee?

Please mail the information and payment to:

Office of the Treasurer  
Attn: Animal License  
P.O. Box 975  
Newport News, VA 23607-0975