

OFFICIAL APPLICATION/DOG LICENSE

A COPY OF THE RABIES CERTIFICATE MUST BE INCLUDED

OWNER'S NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

RABIES VACCINATION NUMBER _____

VACCINATION DATE _____

NEXT VACCINATION DATE _____

NAME OF DOG _____

BREED _____

COLOR OF DOG _____

BIRTH YEAR _____

MALE _____ FEMALE _____ NEUTERED/SPAYED _____ PUPPY _____ NEW RESIDENT _____

FEE

UNALTERED-\$10.00 ALTERED-\$5.00 PUPPY-\$5.00