



# DOG LICENSE APPLICATION

OFFICE USE ONLY	
LICENSE ISSUED ____ / ____ / ____	LICENSE NUMBER Existing or New # _____
AMOUNT PAID \$ _____	STAFF INITIALS _____

## OWNER INFORMATION

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

YES, I WOULD LIKE TO RECEIVE EMAIL COMMUNICATIONS REGARDING DOG LICENSING AND REGULATIONS.

## PET INFORMATION

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ PET NAME: \_\_\_\_\_

GENDER: **Male** | SPAYED OR NEUTERED: **No**

## RABIES VACCINATION INFORMATION

VACCINATION TAG/CERTIFICATE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

VETERINARIAN CLINIC: \_\_\_\_\_