



DOG LICENSE APPLICATION

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

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: FEMALE MALE | SPAYED OR NEUTERED: YES NO

RABIES VACCINATION INFORMATION

VACCINATION TAG/CERTIFICATE NUMBER: _____

EXPIRATION DATE: _____ / _____ / _____

VETERINARIAN CLINIC: _____