



APPLICATION FOR DOG LICENSE

Date Issued: _____ Tag Number: _____

Pet Owner: _____ Pet Name: _____

Phone Number: (____) _____

Street Address: _____

Mailing Address: _____

Animal Description:

Breed: _____ Sex: _____

Age: _____ Color: _____

Date of Rabies Vaccination: ____/____/____

Date Next Rabies Vaccination is Due: ____/____/____

Fees: (Check One)

Neutered Male/Female: \$2.50/Year _____

Un-Neutered Male/Female: \$5.00/Year _____

Pet Owner Signature: _____

This License Expires: ____/____/____