

DOG LICENSE APPLICATION

Owners Name: _____

Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Name of Dog: _____ Male: Female: Spayed:

Breed: _____ Color: _____

Markings: _____ Age: _____

Name of Dog: _____ Male: _____ Female: _____ Spayed: _____

Breed: _____ Color: _____

Markings: _____ Age: _____

Vet Name: _____ Vet Phone #: _____

Vet Address: _____ City: _____ State: _____ Zip: _____

Expiration Date of Rabies Shot: _____ (include a copy of proof of current rabies vaccination)

Fees \$5.00 male or spayed female; \$10.00 female

Signature of Owner: _____ Date: ___/___/___

Office use only:

Date: _____ Date: _____ Date: _____

License Tag # _____ License Tag # _____ License Tag # _____

Receipt # _____ Receipt # _____ Receipt # _____

Paid Cash Paid Cash Paid Cash

Paid Check# _____ Paid Check # _____ Paid Check # _____