

**DOG LICENSE
NEW/RENEWAL APPLICATION**

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell/Work Phone _____

Dog's Name _____

Male _____ Female _____

Breed _____

Color _____

Markings _____

Chip or Tattoo? _____

Spayed or Neutered? _____

Year of Birth _____

Veterinarian _____

Date of Rabies Vaccine _____

1 or 3 year vaccine? _____

Spayed/Neutered \$6.00/per dog
Unspayed/Unneutered \$14.00/perdog
Must show proof of Rabies Vaccination

