

Name of Owner \_\_\_\_\_

License Tag No.

### APPLICATION FOR DOG LICENSE

Pet's Name

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Breed \_\_\_\_\_

Home or cell number \_\_\_\_\_

Color \_\_\_\_\_

Rabies Vaccination Cert # \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_

Vaccination Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

Markings \_\_\_\_\_

Licensed Veterinarian Name \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Neutered \$5
- Spayed \$5
- Male \$10
- Female \$10 Fee \_\_\_\_\_

City Clerk

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