

Name of Owner _____

License Tag No. _____

Application for Dog License

Address _____

Pet's Name _____

City _____

Breed _____

State _____

Color _____

Rabies Vaccination Cert. # _____ Date _____

Age _____

Vaccination Type _____ Exp. Date _____

Markings _____

Licensed Veterinarian Name _____

- Neutered \$3
- Spayed \$3
- Male \$8
- Female \$8

Owner's Signature *Date*

Fee _____

City Clerk