

DOG LICENSING FORM ALL INFORMATION MUST BE FILLED OUT TO RECEIVE A LICENSE.

Owner Last Name First Name Residential Address				Rabies Vaccination must be current at the time of licensing. Owner must provide proof of rabies	
City	State Zip			vaccine. SPAY/NEUTER \$3.00	
Mailing Address (if different f	rom street add	ress)		UNALTERED \$8.00	
Home Phone	Alternate Phone Dat		ite of Birth	A late fee of \$5.00 per dog will be charged for each dog over the age of	
Email Address				5 months if not registered by April 30 th .	
Pet Name	Sex	☐ Spayed/Neutered☐ Unaltered	Vaccine	Manufacturer	
Breed	Vet Clin	ic	Vaccine Serial #		
Color	Vacc. Exp. Date		(office use only) LIC #		
Pet Name	Sex	☐ Spayed/Neutered☐ Unaltered	Vaccine	Manufacturer	
Breed	Vet Clinic		Vaccine Serial #		
Color	Vacc. Exp. Date		(office use only) LIC #		
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Color	Vacc. Ex	Vacc. Exp. Date		se only) LIC #	