

DOG LICENSE APPLICATION

License #: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

Dog's Name: \_\_\_\_\_

Dog's Sex: Male Female (circle one)

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Rabies Shot: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Rabies Manufacturer: \_\_\_\_\_

Rabies Lot/SN: \_\_\_\_\_

**Proof of vaccination for veterinarian must be attached to this form.**

All dogs over 5 months of age must be licensed & over 4 months of age will be required to be vaccinated for rabies.

\_\_\_\_\_

**License Fee**  
(circle one)

Male \$10      Female \$10      Neutered Male \$5      Spayed Female \$5

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