

Dog License Application

Owner

Name: _____
Physical Address: _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____
E-Mail Address: _____

Dog

Name: _____
Breed: _____
Color: _____
Year of Birth: _____
Microchip # (if any): _____
Sex: Male Female Spayed or Neutered
Name of Veterinarian: _____

Rabies

Date of Vaccination: _____
Manufacturer: _____
Serum # _____

***** The fee for a spayed/neutered dog is \$6, the fee for an unspayed/unneutered dog is \$13. *****

Licenses are renewed annually and expire the same month as the original issue date. When licensing your dog, please send documentation for the rabies vaccination and for the spay/neuter.

Please notify our office if you move or if your dog is lost, stolen, or passes away.

Thank You,
Millie and Julie