



Dog License Application

RE #:

Owner Information

Owner Name:

Owner Address:

Email Address:

Owner Phone (H):

Owner Phone (C/W):

Dog Information

Name:

Breed:

Tattoo #:

Year of Birth:

Gender:

Primary Color:

Secondary Color:

Markings:

Dog License Information

Type of License:

Existing License Number:

Issuing Municipality Code:

2802

Veterinarian Information

Name:

Address:

Telephone:

Date of Vaccination:

Vaccination Type:

Serum Lot:

Vaccine Manufacturer:

Rabies Tag #:

License Fees

Guide, War, Hearing, Police, or

Service Dog:

Senior Citizen:

Spayed or Neutered:

Under Four Months:

Total Fee Amount:

\$

Signature:

Date: