



Dog License Application

Owner Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

e-mail _____

Dogs Name: _____

Male _____ Female _____

Breed _____

Color _____

Spayed or Neutered _____ yes _____ no

Rabies Certificate No. _____ Expires _____

Dogs Name: _____

Male _____ Female _____

Breed _____

Color _____

Spayed or Neutered _____ yes _____ no

Rabies Certificate No. _____ Expires _____

A picture of your dog(s) is required for license.