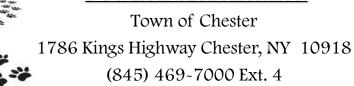
DOG LICENSE APPLICATION





Dog's Name				FOR OFFICE USE ONLY										
Microchip/Tattoo#				LICENSE TYPE:										
Dog Color Markings				ORIGINAL TRANSFER OF OWNERSHIP License #:										
Dog Breed				Tag #:										
Last Name, First Name, Middle Initial of Owner or Person who harbors or keeps this dog:														
Physical Address:														
Mailing Address:														
City:	S					Zip Code:								
Email:											-			
													\Box	
Primary Phone #: Alternate Phone #:														
Туре:	Fee:	↓	**Current Rabies Vaccination Certificate & Spayed/Neutered Documentation**											
Male (Nev	\$10.00	↓												
Female (Sp	\$10.00	∤ '												
Male (Not	\$20.00	-												
Female (Not spayed) Seniors (65+ with proof of age) Spayed/Not Spayed Neutered/ Not Neutered		\$1.00/\$3.00		Is owner less than 18 years of age? Yes \(\sigma\) No \(\sigma\) If yes, parent or legal guardian of said "Owner" shall be deemed the "Owner of Record" and this application must										
Service/Su with paper	\$0.00]			b	e comp	leted	by th	iem.					
Replaceme	\$3.00		•	•	0				•	•		•		
Enumerati	\$5.00					7		_	7	5		•		
OWNERS SIGNAT	TIRE					DATE	<u>.</u>							
OWNERS SIGNATURE														