



APPLICATION FOR DOG LICENSE

Licenses Valid July 1st thru June 30th each year (Licenses are not pro-rated)

The following information will be needed to process your license request:

1. Completed Application (required)
2. Rabies Vaccine Certificate (required)
3. Proof of Alteration (required for discount)

Date of Registration: _____

SECTION 1: OWNER INFORMATION

Owner's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

An alternate phone number is required and is used in the event your dog is taken into custody by Animal Control and they are not able to reach you at the primary number listed.

SECTION 2: DOG INFORMATION

| Dog License Fees: | | Altered | Unaltered |
|-----------------------------------|-----------------------------------|--------------|--------------|
| | 1 st – 3 rd | \$15.00/ dog | \$30.00/ dog |
| 4 th – 6 th | \$25.00/ dog | \$50.00/ dog | |
| 7 th & up | \$35.00/ dog | \$70.00/ dog | |

| Please list dog(s) | | FEE |
|---|---|-------------|
| 1. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$15 / \$30 |
| 2. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$15 / \$30 |
| 3. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$15 / \$30 |
| 4. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$25 / \$50 |
| 5. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$25 / \$50 |
| TOTAL DUE: | | |
| For additional dogs, please use back of form. | | |

SECTION 2: DOG INFORMATION CONTINUED

| | | FEE |
|-------------------|---|-------------|
| 6. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$25 / \$50 |
| 7. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$35 / \$70 |
| 8. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$35 / \$70 |
| 9. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$35 / \$70 |
| 10. | Dog Name: _____ ALTERED: Y or N If this dog is not residing at the physical address listed above, please provide address where the dog will reside: _____ | \$35 / \$70 |
| TOTAL DUE: | | |