

DOG LICENSE APPLICATION

DOG BREED _____ SEX _____

OWNER _____

ADDRESS _____

PHONE: HOME _____ WORK _____

DESCRIPTION OF DOG _____

DOG'S NAME _____

LICENSE # _____ PROOF OF RABIES VACCINE _____

DATE OF REGISTRATION _____

ATTACH PHOTO OF DOG

Owner contacted _____ Date _____

Owner contacted _____ Date _____

Signature _____

Signature _____