



Dog License APPLICATION

Date: _____

LICENSE NUMBER:

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Name of Owner: _____

Physical Address: _____

Mailing Address: _____

Phone (Day): _____ Cell Phone: _____

Name of Pet: _____ Age: _____

Color(s): _____ Breed(s): _____

Size (sm, med, lg): _____ Shots: _____

Spayed/Neutered: _____

Signature of Owner: _____

Signature of Clerk: _____