

DOG LICENSE FORM

ALL INFORMATION MUST BE FILLED OUT TO RECEIVE A LICENSE.
If not filled out COMPLETELY you will not receive a license for your dog (s).
(\$8.00 NOT SPAY OR NEUTER, \$3.00 SPAYED OR NEUTERED)

DOG OWNERS NAME: _____ ADDRESS: _____

1. **NAME OF DOG:** _____

BREED: _____

COLOR: _____

SPAYED OR NEUTERED (circle one)

DATE OF RABBIES VAC.

VACCINE MFG NO.

SERIAL NUMBER

RABIES VAC. EXPIRATION DATE

2. **NAME OF DOG:** _____

BREED: _____

COLOR: _____

SPAYED OR NEUTERED (circle one)

DATE OF RABBIES VAC.

VACCINE MFG NO.

SERIAL NUMBER

RABIES VAC. EXPIRATION DATE

3. **NAME OF DOG:** _____

BREED: _____

COLOR: _____

SPAYED OR NEUTERED (circle one)

DATE OF RABBIES VAC.

VACCINE MFG NO.

SERIAL NUMBER

RABIES VAC. EXPIRATION DATE

4. **NAME OF DOG:** _____

BREED: _____

COLOR: _____

SPAYED OR NEUTERED (circle one)

DATE OF RABBIES VAC.

VACCINE MFG NO.

SERIAL NUMBER

RABIES VAC. EXPIRATION DATE
