

**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 \_\_\_\_\_