

# Dog License Application

Owner Name \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
 Phone Number

Street# \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_\_

E-mail address \_\_\_\_\_

**Vaccination Info Label**

Dog Name	Breed	Color	Sex	Age	License Number
			<input type="checkbox"/> F <input type="checkbox"/> M		-
			<input type="checkbox"/> F <input type="checkbox"/> M		-
			<input type="checkbox"/> F <input type="checkbox"/> M		-
			<input type="checkbox"/> F <input type="checkbox"/> M		-

2760-2025 10/12

**Animal Control Use**

- New License     Renewal  
 New Owner     Address Change

- |             |                               |                                |
|-------------|-------------------------------|--------------------------------|
|             | Altered                       | Natural                        |
| 1yr License | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$60  |
| 3yr License | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$120 |

**Senior Citizen\*\***

(62 years or older, limit of three dogs)

- |             |                               |                                |
|-------------|-------------------------------|--------------------------------|
|             | Altered**                     | Natural                        |
| 1yr License | <input type="checkbox"/> \$5  | <input type="checkbox"/> \$60  |
| 3yr License | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$120 |

- Rabies Vaccination     \_\_\_\_\_  
 Duplicate License     \$5  
 Penalty Fee (>30 days late)     \$10  
 Non-compliance Fee     \$20  
 DHPP     \$3

Employee Initials \_\_\_\_\_

License Date \_\_\_\_\_

License Expiration Date \_\_\_\_\_

**Amount Paid**    \$ \_\_\_\_\_