



Dog License Application

Applicant's Name _____ Date _____

Address _____

Phone Number _____

Dog's Name _____ Age _____ Sex _____

Breed _____ Color _____ Weight _____

Dog Neutered/Spayed: Yes or No

Rabies Certificate Number _____

Dog Micro Chipped: Yes or No

***A copy of the rabies vaccination is required and must be within two years of the date of application.*

Office Use Only

Lifetime License Number:

License Fee Collected:

Permit Issued By: