



DOG LICENSE APPLICATION – CHAPTER 96

Applicant Information (Please Print)

Owner's Name (First and Last)			
Property Address	City	State	Zip
Phone Number	Email		

License Fees			
(Valid January 1 to December 31 Annually)			
Dog Information (Select Applicable Options)	Fee	# of Dogs	Total
Neutered/Spayed	\$10.00		\$
Not Neutered/Spayed	\$15.00		\$
Additional Dog Fee (If more than 2 dogs)	\$25.00		\$
Late Fee (If submitted after March 31)	\$25.00	-	\$

Grand Total \$ _____

Please attach a copy of rabies certificate and a copy of proof of neuter/spay (if applicable) for each dog.

Dog Information (Please Print)

Dog's Name	Vet or Clinic Name	Neutered/Spayed? (Yes or No)	
Breed	Color	Rabies Vac. Date	Rabies Expiration Date

Dog's Name	Vet or Clinic Name	Neutered/Spayed? (Yes or No)	
Breed	Color	Rabies Vac. Date	Rabies Expiration Date

Dog's Name	Vet or Clinic Name	Neutered/Spayed? (Yes or No)	
Breed	Color	Rabies Vac. Date	Rabies Expiration Date

-For Office Use Only-			
License # _____	License # _____	License # _____	
Amount Paid \$ _____	Date Issued _____		