



## DOG LICENSE APPLICATION – CHAPTER 96

**Applicant Information** (Please Print)

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

<b>License Fees</b>			
<b>(Valid January 1 to December 31 Annually)</b>			
<b>Dog Information</b> (Select Applicable Options)	<b>Fee</b>	<b># of Dogs</b>	<b>Total</b>
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. **Licenses will not be issued unless proof of rabies vaccination is attached and current.**

**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

<b>-For Office Use Only-</b>			
License # _____	License # _____	License # _____	
Amount Paid \$ _____	Date Issued _____		