

**Application for Dog License**

Date \_\_\_\_\_

Owner's name (last, first) \_\_\_\_\_

Address/City \_\_\_\_\_ Zip \_\_\_\_\_

Name of dog \_\_\_\_\_ Phone \_\_\_\_\_

Male or female \_\_\_\_\_ Neutered/spayed? Yes \_\_\_\_\_ No \_\_\_\_\_

Color \_\_\_\_\_ Breed \_\_\_\_\_

Date of Rabies shot: \_\_\_\_\_ Rabies Exp. Date \_\_\_\_\_

Vaccine Manufacturer \_\_\_\_\_ Serial # \_\_\_\_\_

Veterinarian/Clinic Name: \_\_\_\_\_ Clinic phone #: \_\_\_\_\_

***For treasurers use only - do not fill in below***

Date	Tag #	Amount	Year
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