

License #: _____	
Date Issued:	Expiration Date:
Dog Breed:	Dog's Year of Birth:
Dog Color(s):	Dog's Name:
Markings:	Other ID:

DOG LICENSE

4 months & over

LICENSE TYPE

ORIGINAL OWNER COPY

TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED	
<i>For Office Use:</i>	
Rabies Vaccine:	
Manufacturer	_____
Serial Number	_____
<input type="checkbox"/> One Year Vacc.	<input type="checkbox"/> Three Year Vacc.
Date Vaccinated	_____
Veterinarian	_____

Owner Identification (Person who harbors or keeps dog):

Last Name	First Name	M.I.	Owner's Phone Number: (Area Code) Phone Number

Mailing Address: House No. Street or R.D. No. and P.O. Box No.

City, State, Zip

TYPE OF LICENSE

1. Male, neutered
2. Female, spayed
3. Male, unneutered
4. Female, unspayed
5. Exempt Dogs: Guide, war, police, detection, therapy dog working serach, hearing and service

State Fee	Spay/Neuter Fee
\$1.00	
\$1.00	
\$1.00	\$10.00
\$1.00	\$10.00
No Fee	

State Fee:	\$1.00
Local Fee:	\$14.00
Spay/Neuter Fee:	_____
Replacement Fee:	_____
Total Fee:	_____

Is Owner less than 18 years of age? Yes No
 If yes, parent or guardian shall be deemed the owner of record and the information must be completed by them.

Owner's Signature

Date

Clerk's Signature

Date