

2022 Application for Dog License

Applicant's Name: _____ Ph. #: _____

Street Address: _____

Mailing Address: _____

City/St/Zip: _____

Dog's Name: _____ Gender: _____

Breed: _____ Color: _____

Spayed Neutered Unaltered

Date Rabies Vaccination Expires: _____ Verified by: _____

Owner's Signature: _____ Date: _____

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Tag No.: _____ Receipt No.: _____ Amt. Paid: _____

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