

# 2025 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: \_\_\_\_\_