

DOG LICENSING

NAME: _____

Street Address _____

Mailing address (If different from street address): _____

Expiration Date of Rabies Vaccination _____ Copy enclosed Y _____ N _____

Return copy to you Y _____ N _____

Phone Number: _____

Name of dog

_____, Neutered/Spayed - \$6.00 ___ Not neutered/Spayed-\$10.00 ___

_____, Neutered/Spayed - \$6.00 ___ Not neutered/Spayed-\$10.00 ___

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_____, Neutered/Spayed - \$6.00 ___ Not neutered/Spayed-\$10.00 ___

(plus 49 cents for one or two Licenses or 70 cents for up to four)