

DOG LICENSING

Owner Information

Name: _____

Address: _____

Phone #: _____

Dog Information

Name: _____

Address: _____

Age: _____

Sex: _____

Breed: _____

Color: _____

Hair Length: Short, Medium or Long (circle one)

Spay/Neuter: _____

Please provide a current copy of the rabies shot that DOES NOT expire before November of the current licensing year