

APPLICATION FOR LICENSING OF DOGS

Name of Owner: _____

Address of Owner: _____

Phone number: _____

No. of male dogs: _____

Breed: _____

No of female dogs: _____

Breed: _____

Rabies Immunized? Y N

Fee: _____

Date: _____

Tag No.: _____

Fee Schedule

\$5.00 - Males
Spayed females

\$10.00 - Unspayed females