

Established 1772



Nature lover's paradise

ANNUAL DOG LICENSE APPLICATION

Owner's Name: _____

Phone Number: _____

Mailing Address: _____

Street Address: _____

** If different from
mailing address.*

Email (optional): _____

Dog's Name: _____

Sex: MALE FEMALE (Please circle one.)

Age: _____

Breed: _____

Color: _____

Hair Length: SHORT MEDIUM LONG (Please circle one.)

Veterinarian: _____

Spayed/Neutered: YES NO (Please circle one.)

** NOTE: Must provide documentation to show proof of procedure.*

Rabies Expiration: _____

** NOTE: All rabies vaccines must be considered valid up to at least October of the current application year before you can register your dog. Also, must provide proof of rabies vaccine.*