



DOG LICENSE INFORMATION

Fee: _____
 New Renewal
 Involuntary

Dog's Name: _____

Owner's Name(s): _____

Mailing Address: _____

Location of Animal: (Street Address) _____

Phone Number: Home: _____ Work: _____ Cell: _____

Dog Color: _____

Birth Date of Dog: _____

Breed: _____

Sex: Male Female

Altered: Yes (must attach documentation to receive a reduced rate) No

Restricted Dog: Yes (must attach proof of having \$500,000 liability insurance on dog) No

Dog Size: Small Medium Large

Purebred: Yes (Tattoo No.: _____) No

Dog Description/Distinctive Markings: _____

Signature of Owner: _____ Date: _____

PLEASE NOTE THAT ANY PERSONAL INFORMATION THAT YOU PROVIDE TO OUR OFFICE IS BEING COLLECTED UNDER THE AUTHORITY OF SECTION 32 (C) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY IN ACCORDANCE WITH THAT ACT.

OFFICE USE ONLY

Dog Tag #: _____ Receipt #: _____

Animal ID #: _____

Notes: _____

Date Stamp Received