

DOG REGISTRATION

Each dog over 6 months of age must be licensed

THIS BOX TO BE COMPLETED BY CITY HALL

Date of Registration: _____ License Year: _____ License Number: _____

Vaccination Verified by: _____ License Fee Paid \$ _____ Receipt No. _____

Mail or bring to the front desk at city hall:

- This form – completed and signed
- Proof of rabies vaccination covering the licensing period
- Appropriate fee
 - 1-Year: Expiration date of dog license 12/31/2026 **\$18**
 - 2-Year: Expiration date of dog license 12/31/2027 **\$30**

Registration Information

Owner Information – Complete all fields

Owner's Name: _____

First Name

Middle Name

Last Name

Street Address

City

State

Zip

Owner's Date of Birth

Home phone

Work phone

Dog Information

Dog's Name: _____ Age: _____ Sex: _____

Breed

Color/Markings

Microchipped (Y/N)

Vaccination Information

Clinic Name: _____

Clinic Phone Number (for verification purposes)

Revaccination due date

I certify that the above information is true and correct.

Signature and certification by owner (REQUIRED)



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