



DOG LICENSE APPLICATION

FIRST TIME

RENEWAL - License # _____
(Complete only sections 1 and 3)

ADDRESS CHANGE

REPLACEMENT TAG
(Complete only section 1)

1. OWNER INFORMATION

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____ Pet's Name: _____

2. PET INFORMATION

Sex: Male Female Birth Year: _____

Neutered Spayed Breed: _____ Color: _____

3. VACCINATION INFORMATION (If expired)

Rabies Vaccination Date: _____ Expiration Date: _____

Vaccine Manufacturer: _____ Serial #: _____

Veterinarian: _____ City/State/Zip: _____

FEES

Please make checks payable to: CITY CLERK'S OFFICE

Neutered or Spayed	\$16.00	Renewal Late Fee	\$5.00
Unaltered	\$23.00	Dog License copy	\$10.00
		Replacement Tag	\$5.00

4. TRANSFER OF OWNERSHIP INFORMATION

Name of New Owner: _____ Date: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Former Owner's Signature: _____

5. PET STATUS

My dog has been sold Deceased Lost Stolen

- NOTE:**
- * Work dogs are exempt from licensing fee. You must have an official certificate from training organization for exempt status.
 - * If applying for a Paws Place Ward Acres permit through the Department of Parks and Recreation, a current copy of your dog license is required.
 - * Please enclose a current copy of the rabies vaccination certificate if expired. We will not accept bill or invoice.

FOR OFFICIAL USE ONLY

License #: _____ Expiration Date: _____ Issue Date: _____