

DOG LICENSE

Owner Name: _____

Address: _____

Phone Number: _____

Breed: _____

Color: _____

Name: _____

Gender: _____

Spayed/Neutered? _____

Birth Year _____

Rabies Info:

Veterinarian: _____

Vaccine Manufacturer: _____

Serum Lot Number: _____

Rabies Tag Number (if any): _____

Vaccination Date: _____

Vaccination Expiration: _____

COST: \$ 6.00 Spayed/Neutered
\$16.00 Unspayed/Unneutered