

# New Dog License Information Form

## Owner Information

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Dog Information

Breed: \_\_\_\_\_

Primary & Secondary Color: \_\_\_\_\_

Name: \_\_\_\_\_

Female      Male

Birth Year: \_\_\_\_\_

Altered, proof supplied: \_\_\_\_\_

## Rabies Information

Veterinarian, proof supplied: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_

Serum Lot Number: \_\_\_\_\_

Rabies Tag Number: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_

Vaccination Length: 1 year \_\_\_\_\_ OR 3 year \_\_\_\_\_

Fees: Altered Dog \$5.00 \_\_\_\_\_

Intact Dog \$13.00 \_\_\_\_\_

**All documents supplied as proof will be returned to you.**