

CITY OF COUNCIL DOG LICENSE FORM



OWNER OF DOG: _____

MAILING ADDRESS OF OWNER: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

NAME OF DOG: _____

BREED: _____

COLOR: _____

MALE OR FEMALE

ALTERED OR UNALTERED

RABIES CERTIFICATE EXPIRATION DATE: _____

TAG NUMBER ISSUED: _____