

**DOG IDENTIFICATION**

License No.	Chik Code
Date Issued	Expiration Date
Dog Breed	CODE
Dog Color(s)	CODE(S)
Other ID	Dog's Yr. of Birth Last 2 Digits
Markings	Dog's Name

**RABIES CERTIFICATE REQUIRED**

Rabies Vaccine: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 One Year Vacc.  Three Year Vacc.  
 Date Vaccinated: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_

**DOG LICENSE**

LICENSE TYPE  ORIGINAL  RENEWAL  
 TRANSFER OF OWNERSHIP

**Owner Identification (Person who harbors or keeps dog): Last First Middle Initial**

Mailing Address: House No. Street or R.D. No. and P.O. Box No.											
City			State			Zip			Phone No.		
County				Town, City or Village				County Code		Town, City, Vil. Code	

**Owner's Phone No.**

Area Code	_____	
Phone No.	_____	
County Code	_____	
Town, City, Vil. Code	_____	

**TYPE OF LICENSE**

- Male, neutered
- Female, spayed
- Male, unneutered
  - under 4 months
  - 4 mos. & over
- Female, unspayed
  - under 4 months
  - 4 mos. & over

IS OWNER LESS THAN 18 YEARS OF AGE?  YES  NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Clerk's Signature \_\_\_\_\_ Date \_\_\_\_\_