



Dog License Application

Owner name: _____

Street address: _____

City, State, Zip: _____

Mailing address, if different: _____

Home phone: _____

Daytime phone: _____

Emergency phone: _____

Email: _____

Pet's name: _____

Pet's color: _____

Pet's date of birth: _____

Male/Female: ☐ Male ☐ Female

Neutered/Spayed: ☐ Neutered ☐ Spayed

Vet/Clinic Name: _____

Microchip number: _____

Be sure to enclose rabies certificate and check to CCDS.