

MENDON CITY

DOG LICENSE APPLICATION JANUARY 1 - DECEMBER 31, 2018

DATE: _____

OWNER OF THE DOG: _____

STREET ADDRESS: _____

Location Dog will be kept.

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT PERSON/PHONE: _____

NAME OF DOG: _____	BREED: _____
COLOR: _____	AGE: _____
GENDER: (circle one) Male Female Neutered Spayed	
Rabies Expiration date: _____	

NAME OF DOG: _____	BREED: _____
COLOR: _____	AGE: _____
GENDER: (circle one) Male Female Neutered Spayed	
Rabies Expiration date: _____	



OFFICE USE ONLY	
TAG # ISSUED: _____	_____
AMOUNT PAID: _____	
SIGNATURE OF APPROVAL: _____	