DOG IDENTIFICATION DL-1 Rev. 09/04

License No.	Chk 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	

DOG LICENSE

LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL

☐ TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED

Rabies Vaccine:

Manufacturer _____

Serial Number _____

☐ One Year Vacc. ☐ Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

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

Owner's Phone No. Area Code

Mailing Address: House No. Street or R.D. No. and P.O. Box No. Phone No.

City State Zip County Code

County Town, City or Village Town, City, Vil. Code

TYPE OF LICENSE

1. ☐ **Male, neutered**
2. ☐ **Female, spayed**
3. **Male, unneutered**
   - ☐ **under 4 months**
   - ☐ **4 mos. & over**
4. **Female, unspayed**
   - ☐ **under 4 months**
   - ☐ **4 mos. & over**
5. ☐ **Exempt Dogs: Guide, war, police, detection dog, therapy dog, working search, hearing and service**

Licensing Fee enclosed ($15.00 Unneutered/unspayed - $7.00 neutered/spayed) $ _____

Please consider making an optional donation to the Eden Veterinary Clinic $ _____

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