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CITY OF CONDON DOG LICENSE

DATE _____ TAG NO. _____ YEAR _____

OWNER NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

ADDITIONAL CONTACT: _____

DOG'S INFO:

DOG'S NAME: _____

MALE ___ FEMALE ___

SPAYED OR NEUTERED: YES ___ NO ___

BREED: _____ AGE: _____

COLOR/MARKINGS: _____

ID "CHIP": YES ___ NO ___

RABIES INFO: ATTACH A COPY OF SHOT RECORD FROM VET

\$ _____, IN FULL PAYMENT OF CITY LICENSE (\$5 IF SPAYED/NEUTERED, \$10 IF NOT)

CITY OF CONDON