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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

\_\_\_\_\_  
CITY OF CONDON