

DOG #1 TAG # _____ \$ _____
 DOG #2 TAG # _____ \$ _____
 DOG #3 TAG # _____ \$ _____
TOTAL FEES PAID: \$ _____

LICENSE(S) EXPIRE DECEMBER 31, 20____
A late fee may be applied to renewal license(s) after March 1st.

ACCOUNT #: _____
 Verified By: _____

DOG LICENSE APPLICATION

North Ogden City Animal Services
 515 E 2600 N
 North Ogden, UT 84414

Office - (801) 782-7219 * Email - nopdrecords@nogden.org

*Please provide **Official Veterinary documents** with proof of Rabies Vaccinations AND Spay/Neuter to the email address above.

Application Date:			
Owner Name:		Phone Number:	
Owner Name:		Phone Number:	
Address:			
E-mail Address:			
Check Box if dog is NEW to this residence: <input type="checkbox"/>			
DOG #1 Name:		Breed:	
<input type="checkbox"/> Male <input type="checkbox"/> Neutered	<input type="checkbox"/> Female <input type="checkbox"/> Spayed	Color/Markings:	
Veterinarian/Hospital/Clinic:		Microchip #:	
Rabies Vaccination Expiration:			
Check Box if dog is NEW to this residence: <input type="checkbox"/>			
DOG #2 Name:		Breed:	
<input type="checkbox"/> Male <input type="checkbox"/> Neutered	<input type="checkbox"/> Female <input type="checkbox"/> Spayed	Color/Markings:	
Veterinarian/Hospital/Clinic:		Microchip #:	
Rabies Vaccination Expiration:			
Check Box if dog is NEW to this residence: <input type="checkbox"/>			
DOG #3 Name:		Breed:	
<input type="checkbox"/> Male <input type="checkbox"/> Neutered	<input type="checkbox"/> Female <input type="checkbox"/> Spayed	Color/Markings:	
Veterinarian/Hospital/Clinic:		Microchip #:	
Rabies Vaccination Expiration:			

DOG LICENSE FEES:

NEUTERED/SPAYED \$10.00

NOT NEUTERED/SPAYED \$30.00

A late fee of \$15.00 will be applied to renewals completed later than March 1st.