

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

License(s) Expire(s) December 31, 20____

A late fee may be applied to renewal license(s) after March 1st

Account #: _____

Verified By: _____

North Ogden City

Dog License Application

Application Date: ____ / ____ / ____

E-mail address: _____

Owner: _____

Address: _____

Home Phone: _____

Work / Cell Phone: _____

Check box if dog is NEW to this residence:

Microchip #: _____

1ST DOG Name: _____

Male

Neutered

Female

Spayed

Rabies Vaccination

Expires: ____ / ____ / ____

Breed / Type: _____

Hospital / Clinic: _____

Color / Markings: _____

Check box if dog is NEW to this residence:

Microchip #: _____

2ND DOG Name: _____

Male

Neutered

Female

Spayed

Rabies Vaccination

Expires: ____ / ____ / ____

Breed / Type: _____

Hospital / Clinic: _____

Color / Markings: _____

DOG FEES:

NEUTERED/SPAYED \$10.00

NOT NEUTERED/SPAYED \$30.00

LATE FEE OF \$15.00 WILL BE EFFECTIVE MARCH 1ST