Dog License Application

Please complete this form (one each per dog) and submit it to the Health Department with proof of a rabies vaccination that is valid for at least 10 months of the licensing year (through October 31st of the licensing year). If a new application, please provide proof of spay/neuter (not required for renewals). Please complete all sections, and print legibly.

Please note that all dog licenses expire each year on December 31. Renewals received after December 31 will be subject to additional late fees.

Fee Information

**Regular fees:**
- $15 for each altered (spayed/neutered) dog.
- $5 additional fee per each unaltered dog.

**Late fees:**
- $5 additional late fee during January.
- $1 additional late fee per each month after January.

Note: license fees waived for service dogs (see definition below)
$1 for each replacement tag.

License Information (check one) New_____ Renewal_______ Tag Replacement_______

Owner Information

Name: __________________________________________

Address: __________________________________________

City: ___________________ State: ___________ Zip: ___________

Phone# Home or Cell: __________________________ Email: ___________________________

Mailing address (if different from above):

Address: __________________________________________

City: ___________________ State: ___________ Zip: ___________

Dog Information

Name: __________________________________________ Age: ___________ Breed: __________________________

Color/Markings: __________________________________ Hair Length: Long Medium Short

Gender: Male Female Altered: Yes No If, yes Date Altered: __________________________

Rabies vaccination administered by (Vet Office or Township Free Clinic): __________________________

Rabies vaccination expires on (date): __________________________

__________________________ Microchipped: Yes No Microchip Number: __________________________

Service dog (trained to perform a physical task to assist owner with a physical, sensory, psychiatric, intellectual, or other disability): Yes No

Signature __________________________ Date __________________________