

APPLICATION FOR DOG LICENSE

Name of Owner: _____

Address of Owner: _____

Phone number: _____

Dog #1 Name: _____ Sex _____ Breed _____

Circle one: Neutered Non-Neutered Spayed Non-Spayed

Date of rabies shot _____ Tag # _____

Dog #2 Name: _____ Sex _____ Breed _____

Circle one: Neutered Non-Neutered Spayed Non-Spayed

Date of rabies shot _____ Tag # _____

Dog #3 Name: _____ Sex _____ Breed _____

Circle one: Neutered Non-Neutered Spayed Non-Spayed

Date of rabies shot _____ Tag # _____

Dog #4 Name: _____ Sex _____ Breed _____

Circle one: Neutered Non-Neutered Spayed Non-Spayed

Date of rabies shot _____ Tag # _____

Veterinary Name/Phone # _____

Fee Schedule

\$5.00 Each – Neutered or Spayed
\$10.00 Each - Non Neutered/Non-Spayed

All dogs must be licensed yearly by January 1st per
Egan City Ordinance #174 and amended in Ordinance #174.1

Office Use Only:

Tag # 1 _____ Tag #2 _____ Tag #3 _____ Tag #4 _____