

APPLICATION FOR DOG LICENSE – TOWN OF BASHAW

DOG LICENSES EXPIRE DECEMBER 31ST OF EACH YEAR Please fill out the following information and send it with the appropriate fee.

Include rabies information for any dogs listed below.

PAYMENT FOR DOG LICENSES MUST BE SEPARATE FROM YOUR REAL ESTATE TAX PAYMENT

Fees are as follows: \$15.00 for unaltered dogs / \$5.00 for altered dogs / \$75.00 for kennel license (Up to 12 dogs plus \$5.00 for each additional dog over 12)

Owner's Name: _____

Street Address: _____ City _____ ST _____ ZIP _____

Phone # (____) _____ Email Address: _____

(M=Male / F=Female / NM=Neutered Male / SF=Spayed Female)Kennel Information on back****

Dog Name: _____ Breed: _____ Color: _____ Sex: M F NM SF

Date of Rabies vaccine: _____ Vaccine expiration date: _____ Vaccine maker: _____ Vet Clinic: _____

Dog Name: _____ Breed: _____ Color: _____ Sex: M F NM SF

Date of Rabies vaccine: _____ Vaccine expiration date: _____ Vaccine maker: _____ Vet Clinic: _____

Dog Name: _____ Breed: _____ Color: _____ Sex: M F NM SF

Date of Rabies vaccine: _____ Vaccine expiration date: _____ Vaccine maker: _____ Vet Clinic: _____

Kennel License Information: Include Rabies Information for any dog listed below

Dog Name: _____ Breed: _____ Color: _____ Sex: M F NM SF

Date of Rabies vaccine: _____ Vaccine expiration date: _____ Vaccine maker: _____ Vet Clinic: _____

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Kennel License Information Continued:

Dog Name: _____ Breed: _____ Color: _____ Sex: M F NM SF
Date of Rabies vaccine: _____ Vaccine expiration date: _____ Vaccine maker: _____ Vet Clinic: _____

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It is greatly appreciated if you report any of your previous registered dogs that may have passed so that you will not be listed as a taxpayer with an un-registered dog. If you have recently had a previously registered dog pass away, please list their information below. Thank you for your time and attention & our condolences on your loss.

Dog Name: _____ Breed: _____ Date of Passing: _____

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