

# TOWN OF MOUNTAIN

## Application for Dog License

You must complete all information on this form to receive a dog license.

**CERTIFICATE OF VACCINATION RECORD FROM YOUR VETERINARIAN MUST ACCOMPANY THIS FORM**

**Include a self-addressed stamped envelope for the return of dog license and receipt.**

Owners Name:
Owner's Address:
Owner's Telephone Number: (      )
Name of Veterinarian:
Vet's Telephone Number: (      )

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dated of Rabies Vaccine:    /    /
Rabies Serial #:

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dated of Rabies Vaccine:    /    /
Rabies Serial #:

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dated of Rabies Vaccine:    /    /
Rabies Serial #:

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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