



Dog License Application

520 South 500 East

435.752.2646

Date _____

Owner Information: Name _____

Address _____

Email(s) _____

Home phone _____ Cell phone _____ Work phone _____

Dog Information:

1. Dog's Name _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No City tag no. _____

Date rabies vaccination expires* _____

2. Dog's Name _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No City tag no. _____

Date rabies vaccination expires* _____

3. Dog's Name _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No City tag no. _____

Date rabies vaccination expires* _____

4. Dog's Name _____ Breed _____ Color _____

Male Female Spayed/Neutered Yes No City tag no. _____

Date rabies vaccination expires* _____

Tag fee \$ _____ (\$10 if spayed/neutered; \$20 if not)

Late fee \$ _____ (\$10/month starting March 2)

Kennel fee \$ _____ (\$25; A kennel conditional use permit is required for more than 2 dogs.)

Total paid \$ _____

Kennel License no. _____

***Proof of rabies vaccination is required.**