



CITY OF NEW PLYMOUTH DOG LICENSE APPLICATION

OWNER INFORMATION

Name:

Address:

Mobile Phone:

Home Phone:

DOG #1 INFORMATION

License Tag # (Office Use Only):

Expiration Date (Office Use Only):

Name of Dog:

Age:

Breed:

Color(s):

Sex: *Circle One* (M / F)

Spay/Neutered? *Circle One* (Yes / No)

Rabies Tag #:

Exp. Date:

DOG #2 INFORMATION

License Tag # (Office Use Only):

Expiration Date (Office Use Only):

Name of Dog:

Age:

Breed:

Color(s):

Sex: *Circle One* (M / F)

Spay/Neutered? *Circle One* (Yes / No)

Rabies Tag #:

Exp. Date:

DOG #3 INFORMATION

License Tag # (Office Use Only):

Expiration Date (Office Use Only):

Name of Dog:

Breed:

Color(s):

Sex: *Circle One* (M / F)

Spay/Neutered? *Circle One* (Yes / No)

Rabies Tag #:

Exp. Date:

PRICE / OPTIONS

Annual License (Not Spayed/Neutered)

\$15.00

Annual License (Spayed/Neutered Dog)

\$10.00

Senior (65 or older & fixed dog)

\$5.00

3 yr. Tag: \$15.00

Late Fee

\$10.00

Replacement Tag

\$5.00

3 yr. Tag (Not Fixed / Fixed) *circle one*

\$45.00/\$30.00

SIGNATURES

I hereby certify and declare under penalty of perjury under the laws of the State of Idaho and City of New Plymouth, that I have no more than three dogs over six months of age at the above address, that I do possess a current rabies vaccination certificate issued by a licensed veterinarian, and that all information on this application form is true and correct.

Printed Name (must be 18 years or older):

Signature (must be 18 years or older):

Date: