



Dog License Renewal

Tag Number: _____
Owner's Name: _____
Address: _____
Phone Number: _____ **Email:** _____
Dog Name: _____ **Breed:** _____
Color: _____ **Vet Clinic:** _____
Rabies Number: _____ **Expiration Date:** _____
Microchip (if applicable): _____

Date Received: _____ **License Expiration Date:** _____
City Staff: _____



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