

Dog License Application
Town of Dix

Owner's Information:

First and Last Name: _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Email _____

Dog's Information:

Name _____ Tattoo/Microchip No. _____

Year of Birth _____ Breed _____ Color _____

Markings _____

Veterinary Name _____

Check One:

	Type of License	Fee	Spay/Neuter Fee	Total
	Male, neutered	9.00	1.00	\$10.00
	Female, spayed	9.00	1.00	\$10.00
	Male, unneutered	17.00	3.00	\$20.00
	Female, unspayed	17.00	3.00	\$20.00
	Exempt Dogs	0	0	\$0.00

Please attach a copy of the following:

___ Current rabies certificate

___ Proof of spay/neuter if animal is spayed or neutered

****Is owner less than 18 years of age? ___ Yes ___ No**
If yes, the parent or guardian shall be deemed the owner of record and the information must be completed by them.

Amount Included \$ _____

Method of Payment ___ Check ___ Cash ___ Credit/Debit (additional fee applies for credit/debit)

Owner's Signature _____

Date _____

Clerk's Signature _____

Date _____