



License Tag No. _____

APPLICATION FOR DOG LICENSE

Name of Owner _____ Phone _____

Rabies Vaccination Date _____ Vaccine Used _____

Description of Dog:

Name _____ Age _____

Breed _____ Color _____ Sex _____

Dated _____, 20_____

Signature of Owner

CITY OF ALBION DOG LICENSE

A license fee in the amount of\$ _____

plus penalties in the amount of.....\$ _____

making a total of.....\$ _____

having been paid and the dog having been vaccinated as required by the Albion City Dog Control Ordinance, the dog described in the above application is hereby licensed pursuant to the Albion City Dog Ordinance with the above license tag number for the year January 1, 20____ to December 31, 20_____.

Linda Hutchison – Albion City Clerk

By: _____
Brad Woodrow – Animal Control Officer