

License Expires December 31, 20____

1ST DOG TAG #: _____ \$ _____
2ND DOG TAG#: _____ \$ _____
OTHER FEES: _____ \$ _____
TOTAL FEES PAID: \$ _____

A late fee may be applied to renewal license(s) after
February
Account #: _____
Verified By: _____

North Ogden City

Dog License Application

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Application Date: ____ / ____ / ____

Owner: _____ Address: _____

Home Phone: _____ Work / Cell Phone: _____

Check box if: Dog is NEW to this residence

1ST DOG Name: _____

Male

Microchip #: _____

Breed / Type: _____

Female

Rabies Vaccination Expires: ____ / ____ / ____

Color / Markings: _____

Neutered

Hospital / Clinic: _____

Check box if: Dog is NEW to this residence

2ND DOG Name: _____

Male

Microchip #: _____

Breed / Type: _____

Female

Rabies Vaccination Expires: ____ / ____ / ____

Color / Markings: _____

Neutered

Hospital / Clinic: _____