



2024

DOG TAG REGISTRATION

Name of Owner: _____

Owners Address: _____

Contact Phone No: _____

Fee: \$10.00 per tag

****During the month of January, dog tags are free****

PET INFORMATION:

Name: _____ Breed: _____

Color: _____ Sex: Male Female

IMPORTANT: Provide proof of rabies vaccination.

*Owners Signature: _____ Date: _____

***Permit expires annually on December 31st.**

Office Use Only:

Completed tag registration yes no

Received proof of rabies vaccination yes no

Tag # _____

Processed by: _____