



Dog License

City of Maple Lake

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

PHONE: _____ ALTERNATE PHONE: _____

DOG'S NAME: _____ RABIES TAG NUMBER: _____

COLOR: _____ CLINIC: _____

BREED: _____ RABIES TAG EXPIRATION DATE: _____

SEX: Male Female NEUTERED/SPAYED: YES NO **(Proof of rabies vaccination must accompany this form.)**

OFFICE USE ONLY

FEE: \$ _____ Tag Number: _____

Replacement Tag Replaces Tag Number _____ Issued By: _____

Date Issued: _____ Expiration Date: _____