

# DOG LICENSE

Print  
Your  
Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last) (First) (MI) DOB

Address \_\_\_\_\_

Home  
Phone \_\_\_\_\_

Work  
Phone \_\_\_\_\_

20 \_\_\_\_\_ County Rabies Tag No. \_\_\_\_\_

_____
Tag
_____
Date Issued
\$ _____
Fee
Office Use Only

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Expiration Micro-chip # Age Neutered

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_

Name of Vet Hosp. \_\_\_\_\_ Phone \_\_\_\_\_

Misc. Info. (Med. cond., impounds) _____
_____
_____

\_\_\_\_\_  
City Clerk

Application for year \_\_\_\_\_

White: City Hall

Yellow: Animal Control

Pink: Police Dept.

Gold: Customer Receipt

City of Warrenville, Illinois