

# Dog License Application

(Ordinance Number 2037)

## Owner Information

Date Completed: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth <sup>A</sup>: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## Dog Information

Name	Breed	1st Color	2 <sup>nd</sup> Color	Sex (M/F)	Weight Lbs	Age	Distinguishing Marks
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____

License Type <sup>B</sup> (Common/Show/Service/Medical)	Sterilized <sup>C</sup> (Yes/No)	Base Fee (\$15 for Common Unsterilized Dog/ \$5 All Others)	+	Late Fee <sup>D</sup> (\$7.50 Common Unsterilized/ \$2.50 All Others)	=	Fee
1. _____	_____	_____	+	_____	=	_____
2. _____	_____	_____	+	_____	=	_____
3. _____	_____	_____	+	_____	=	_____
				<b>Mailing Fee</b>	+	<b>\$1.50</b>
				<b>Total Due</b>		_____

A- Only required for persons over the age of sixty five (65) who wish to receive a permanent license. Copy of drivers license or state issued identification required.

### B- Qualifications

**Show Dog**- Must provide proof that the dog has participated in at least three (3) nationally recognized Confirmation Shows, Agility Trials, or Field Trails.

**Service Dog** – Must provide proof that the dog serves as an ambulatory aid to a person who is blind, deaf, or otherwise handicapped.

**Medically Exempt form Sterilization** - Must provide written proof from a licensed veterinarian that medical problems prevent the dog from being sterilized.

**Common License**- All others.

C- Must provide written proof from veterinarian stating the dog has been sterilized.

D- Late fee is due if application is post marked after January 31<sup>st</sup> or if application is submitted more than thirty (30) days after dog was acquired, reached three (3) months, or moved to the City.

\*\*\*\*Complete the entire form. No license can be issued unless each of the blanks is completed. You are not allowed to register more than three dogs per Auburn address.

\*\*\*Attach a copy of your current rabies inoculation form(s) from your veterinarian. There must be a rabies form for each dog licensed.

\*\*\*Attach a check and mail to City of Auburn Revenue Office, 144 Tichenor Ave, Suite 6, Auburn, AL 36830

I attest that the dog(s) was/were acquired, moved to the City or reached the age of three (3) months on:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date

\_\_\_\_\_  
Signature of Owner