

**CITY OF DELAWARE, IOWA
DOG LICENSE**

Date: _____

Owner: _____

Address: _____

Phone Number: _____

Breed: _____

Dog Name: _____

Male/Female: _____

Color: _____

Rabies Serum Lot #: _____

Rabies Vaccination Expiration Date: _____

Signature

Printed Name

Date

OFFICE USE ONLY

LICENSE NUMBER: _____

ISSUED BY: _____

PAYMENT: _____

DATE: _____