

TOWN OF EMMET DOG LICENSE APPLICATION

Dog Owner's Name: _____

Number of Dogs: _____

Address: _____

Property Owner's Name: _____

<u>Dog's Name</u>	<u>Breed</u>	<u>Color</u>	<u>M or F</u>	<u>Spayed or Neutered</u>	<u>Rabies Vaccination</u>	
					<u>Date Received</u>	<u>Date of Expiration</u>
_____	_____	_____	M F	S N	____/____/____	____/____/____
_____	_____	_____	M F	S N	____/____/____	____/____/____
_____	_____	_____	M F	S N	____/____/____	____/____/____

Please issue a separate check for dog license fees and enclose with the application and copy of **PROOF OF RABIES VACCINATION**.