



500 E Main St. Duchesne, Utah 84021
 PO Box 974, Duchesne, Utah 84021
 phone (435) 738-2464
 fax (435)738-5394
office@duchesnecity.com

DOG LICENSE

Tag must remain on dog collar. You are authorized to keep said dog without further payment until Dog Tax for next fiscal year becomes due.

DATE _____ EXPIRES _____ LICENSE TAG # _____

OWNER INFORMATION

Name: _____
Home Address: _____
Home Telephone: _____ *Cell Phone:* _____

DOG INFORMATION

Name of Dog: _____
Markings: _____

Is the dog spayed or neutered? Yes _____ \$5 Fee No _____ \$10 Fee

What is the sex of the dog? Male _____ Female _____

What breed is the dog? Boxer _____ Bull _____ Chihuahua _____
 Chow _____ Collie _____ Dachshund _____
 Lab _____ Hound _____ Pekingese _____
 Poodle _____ Retriever _____ Setter _____
 Shephard _____ Spaniel _____ Terrier _____

Other Breed: _____

Distemper Vaccination: _____ Rabies Vaccination: _____ Other: _____
Date Date Date

ACKNOWLEDGEMENT

I hereby acknowledge receipt of amount indicated below, being the amount due for a dog license for the dog/s as described above.

Amount Received: \$ _____

Received By: _____