

City of Soledad

Application for Dog License

Owner's Name: _____

Owner's Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Dog's Name: _____

Dog's Age: _____

Breed: _____

Sex: _____

Color _____

Spayed/Neutered: _____

DVM: _____

FOR OFFICE USE ONLY

City Receipt:	
Date Issued:	
License#	
Fee Paid:	
Rabies Vac. Date:	
Rabies Exp. Date:	

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