



## 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: |  |

