



CITY OF MADISON DOG LICENSE

License #: _____

Date: _____

Dog's Name:

Dog's Age:

Breed:

Male

Neutered Male

Female

Spayed Female

Color of Dog:	Spotted	White	Black	Brown	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Owner's Name:

Telephone #:

Street:

License effective for the period of:

I hereby verify that I am the owner of the dog that is the subject of this dog license application. I certify that I have provided the City of Madison with a current veterinarian's certificate of vaccination against distemper and rabies. I understand that said license will need to be renewed with the City of Madison when vaccinations expire or are updated.

Signature of Dog Owner