

GENESEE DOG LICENSE

Owners Name _____

Mail Address _____

Street Address _____

Phone No. _____

Dog's Name _____

Breed _____

Color _____

Age _____

Vet _____

Clinic _____

Rabies No. _____

Expiration Date _____



Do I also need a fishing license or is a dog license enough ?????

Date _____

Tag No. _____

- | | | |
|----------|------------------------------|-----------------------------|
| Annual | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Lifetime | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Female | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Spayed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Male | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Neutered | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I certify that the information stated above is a true and correct statement.
