

# City of Walnut Dog License Application

## Owner Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Circle One > **RENEWAL** **NEW LICENSE**

**NEW LICENSE NUMBER** \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Rabies Certificate Number \_\_\_\_\_ Vaccination Date \_\_\_\_\_ Vaccination Exp. Date \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Micro Chip Number \_\_\_\_\_

> Fee \_\_\_\_\_ **Spayed/Neutered - \$8.00** \_\_\_\_\_ **Intact Male or Female - \$22.00** \_\_\_\_\_ **Penalty - \$10.00**

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Total Dog License Fees ..... \_\_\_\_\_

Make Check payable to the **City of Walnut** for this Amount ----- \_\_\_\_\_

This Box is for Office use only			
Person issuing _____	Date Received _____	Payment Type – Cash ___ Check # _____	Date sent out _____