



TOWN OF STAR VALLEY
Dog License Application

Owner's Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____

Dog's Name: _____

Dog's Age: _____

Breed: _____

Color: _____

Rabies Certificate Number: _____

Rabies Expiration Date: _____

Description: Male Neutered (\$5.00)

Female Spayed (\$5.00)

Male Un-Altered (\$7.00)

Female Un-Altered (\$7.00)

OFFICIAL USE ONLY

Receipt # _____

Date ____/____/____

Vaccination Verified By: _____

Tag # _____