



**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)

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**OFFICIAL USE ONLY**

Receipt # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccination Verified By: \_\_\_\_\_

Tag # \_\_\_\_\_