



**City of Central Falls
Dog License
Application**

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____ **Email Address:** _____

1) **Dog's Name** _____ **Dog's Age** _____ **Tag #** _____
Dog's Breed _____ **Rabies #** _____
Color _____ **Rabies Expiration** _____
Gender _____ **Spayed or Neutered (y/n)** _____
Veterinary _____ **Microchip** _____

2) **Dog's Name** _____ **Dog's Age** _____ **Tag #** _____
Dog's Breed _____ **Rabies #** _____
Color _____ **Rabies Expiration** _____
Gender _____ **Spayed or Neutered (y/n)** _____
Veterinary _____ **Microchip** _____

3) **Dog's Name** _____ **Dog's Age** _____ **Tag #** _____
Dog's Breed _____ **Rabies #** _____
Color _____ **Rabies Expiration** _____
Gender _____ **Spayed or Neutered (y/n)** _____
Veterinary _____ **Microchip** _____

Signature: _____ **Date:** _____

Office Use Only

License \$11.00 **Date Paid** _____ **Cash/Check #** _____ **Clerk Initials** _____

Applicant over 65 years old

Date Expired _____