

**CITY OF SUTTON
DOG LICENSE APPLICATION**

Due May 1st

CURRENT DATE:

OWNER'S NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

E-MAIL

PETS NAME

MALE FEMALE NEUTERED SPAYED

BREED

COLOR/MARKS

REQUIRED PROOF OF VACCINATIONS ATTACHED:

YES

NO

\$15 For each dog NOT Spayed or Neutered

\$5 For each dog Spayed or Neutered

By signing below, I certify that all of the information provided in this application is true and accurate to the best of my knowledge. I understand that if any of the information provided is found to be false or inaccurate, any license granted will be rendered void. I further state that I have been apprised of the applicable City ordinances and policies regarding the owning, keeping and licensing of dogs within the City of Sutton.

SIGNATURE

DATE

PLEASE ATTACH PICTURE OF DOG IN THIS AREA

PICTURE IS REQUIRED TO RECEIVE TAG