**PLEASANT VIEW CITY**

**2023**

**Dog License Application**

All applications **must have** a current rabies vaccination certificate and proof of spay/neuter submitted. The only exceptions wiII be if there are already current forms on file with the city.

**One application per animal required.**

Doqs must be 6 months of aqe to be licensed

Owner's name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Physical address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dog's name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Breed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Color/Markings: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Gender: **\_\_\_\_\_\_\_\_\_** Microchip#: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Current Vaccination Expiration: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Check all applicable boxes:**

Licensing Options:

|  |  |  |  |
| --- | --- | --- | --- |
| Un-altered Dog | **$20.00** | Altered Dog **$10.00** | Senior Citizen (owner 65& older) **$5.00** |
| Male |  | Neutered Male (paperwork needed) | Spayed Female |
| Female |  | Spayed Female (paperwork needed) | Neutered MaleDiscount only available on altered animals |

Late Fee:

**$15.00 A late fee will be assessed after March 1st** of the licensing year, or 2 weeks after acquiring the dog

Discounts:

**50°/o off** Residents who either have moved into the city or acquired their dog after **July 1st** of the licensing year, qualify for a discount rate (also applies to dogs who are 6 months of age after July 1st)

**$1.00** New residents after **July 1st**, with proof of their prior city licenses, may obtain a current license year tag

 **$1.00** Replacement Tag

 I hereby certify that the above information is true and correct.

**Total Fee:**

 **Owners Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Applications, Fees, and all corresponding documents can be mailed to: Pleasant View City

520 West Elberta Dr. Pleasant View City, Utah

**OFFICE USE ONLY:**

84414

Rabies Vaccination Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved

 Denied Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TAG#\_\_\_\_\_\_\_\_\_\_**





Date Received Stamp:

