



Please check one:

RENEWAL

NEW

Animal Control Section  
 700 Jefferson County Parkway #160  
 Golden, CO 80401  
 303.271.5070 Fax: 303.271.5075

## DOG LICENSE REGISTRATION

Proof of current rabies vaccination and spay/neuter must accompany this registration. In lieu of written documentation, your veterinary clinic may complete the boxed area below.

\*\*\* PLEASE PRINT \*\*\*

DOG OWNER NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

GENDER: MALE  / NEUTERED  <or> FEMALE  / SPAYED  MICROCHIP #: \_\_\_\_\_

DATE OF RABIES VACCINATION: \_\_\_\_\_ TYPE: 1 YEAR  2 YEAR  3 YEAR

In the event your dog is impounded, are there special medical needs or concerns we should know about?

\_\_\_\_\_

\_\_\_\_\_

**SPAYED/NEUTERED**    **UNALTERED**    **YOUR TAG IS YOUR RECEIPT**  
**FEE: \$15**                      **FEE: \$30**                      **MAKE CHECKS PAYABLE TO JEFFERSON COUNTY TREASURER**

**FOR VETERINARY USE ONLY:**

VETERINARY FACILITY NAME: \_\_\_\_\_

VETERINARY PHONE NUMBER: \_\_\_\_\_

DATE OF RABIES VACCINATION: \_\_\_\_\_ TYPE: 1 YEAR  2 YEAR  3 YEAR

SPAYED/NEUTERED VERIFICATION: YES:  NO:

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Veterinary State License No.

\*\*\* OFFICIAL USE ONLY \*\*\*

DATE ISSUED: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_ TAG#: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ ACTION#: \_\_\_\_\_