

**Town of White City  
Application for Dog License**

1. Name of Dog's Owner \_\_\_\_\_  
Civic address of Owner \_\_\_\_\_  
Box # \_\_\_\_\_  
Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

2. Description of Dog(s) being licensed:

Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Sterilized \_\_\_\_ Neutered \_\_\_\_ Sterilized \_\_\_\_ Neutered \_\_\_\_

Color \_\_\_\_\_

Height \_\_\_\_\_

Markings \_\_\_\_\_

Rabies  
Shot Date \_\_\_\_\_

3. I certify the above information to be correct.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

***To be Completed by Town Office***

Dog License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Amount Collected \_\_\_\_\_ Proof of Sterilized/Neutered \_\_\_\_\_

Signature of Issuer \_\_\_\_\_