

City of Danville

TREASURER'S OFFICE

Application for Dog License

Owner's Name: _____

Phone No. _____

Address: _____

	DOG'S NAME	SEX		RABIES VACCINE		VETERINARIAN Or CLINIC	OFFICE USE
		M	F	DATE GIVEN	DATE EXPIRES		TAG NO.
1							
2							
3							
4							
5							

This application is for _____ license tags at \$5.00 each for a total of \$ _____ .

Please make check payable to: City of Danville
and Mail to: Treasurer's Office
P O Box 1565
Danville VA 24543

FOR EACH LICENSE TO BE PURCHASED, A CURRENT CERTIFICATE OF RABIES VACCINATION MUST BE PRESENTED. (The certificate will be returned with the license tag.)