

Town of Brigham 2014 Dog License Application

Owner Name _____

Address _____

_____ Phone Number _____

Name of Dog: _____ Breed: _____ Color: _____

CHECK ONE:

Spayed Female (\$5) Neutered Male (\$5) Unspayed Female (\$10) Unneutered Male (\$10)

RABIES VACCINATION INFO

Serial Number _____

Vaccination Date _____

Expiration Date _____
