

MENDON CITY

DOG LICENSE APPLICATION JANUARY 1 - DECEMBER 31, 2025

OWNER OF DOG(S): _____ DATE: _____

STREET ADDRESS: _____
(Location Dog will be kept.)

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT PERSON/PHONE: _____

OWNER'S E-MAIL: _____

NAME OF DOG: _____	BREED: _____
COLOR: _____	AGE: _____
GENDER: (circle one) Male Female	
SPAYED/NEUTERED: (circle one) Yes No	
Rabies Vaccine Expiration date: _____	

NAME OF DOG: _____	BREED: _____
COLOR: _____	AGE: _____
GENDER: (circle one) Male Female	
SPAYED/NEUTERED: (circle one) Yes No	
Rabies Vaccine Expiration date: _____	

**Annual License Fee: \$5 fixed dog, \$10 non-fixed dog. Kennel Fee (3 or more dogs): additional \$40.
License Fees double after April 15th. *Proof of current Rabies Vaccine Required.*



OFFICE USE ONLY	
TAG(S) # ISSUED: _____	_____
AMOUNT PAID: _____	SIGNATURE OF APPROVAL: _____