

**TOWN OF GARDINER
DOG LICENSE APPLICATION/RENEWAL**

LICENSE NO. _____ DATE ISSUED _____ EXPIRATION DATE _____ DOG BREED _____ DOG COLOR _____ DOG NAME _____ YEAR OF BIRTH _____ <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL	RABIES CERTIFICATION REQUIRED RABIES VACCINE <input type="checkbox"/> ONE YEAR VACC. <input type="checkbox"/> THREE YEAR VACC. DATE VACCINATED _____ VETERINARIAN _____
---	---

OWNER IDENTIFICATION (PERSON WHO HARBORS OR KEEPS DOG)

LAST _____	FIRST _____	MI _____	PHONE NO. _____
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
MAILING ADDRESS _____			<input type="checkbox"/> CHECK HERE IF SAME AS ADDRESS
TYPE OF LICENSE	FEE		
<input type="checkbox"/> MALE, NEUTERED	5.00	<input type="checkbox"/> MALE, UNNEUTERED	15.00
<input type="checkbox"/> FEMALE, SPAYED	5.00	<input type="checkbox"/> FEMALE, UNSPAYED	15.00
<input type="checkbox"/> EXEMPT DOGS: GUIDE, WAR, POLICE, DETECTION DOG, THERAPY DOG, WORKING SEARCH, HEARING & SERVICE (DOCUMENTATION REQUIRED)			
OWNER'S SIGNATURE _____	DATE _____	CLERK'S SIGNATURE _____	DATE _____