

Online payment receipt number: _____



Dog License Application

*Owner Must Have Proof of Current Rabies Vaccine Given By a Licensed Veterinarian

Owner's Name (Last): _____ (First): _____

Street Address: _____ (Apt #): _____ (Zip Code): _____

Phone: _____ Emergency Phone: _____

Dog's Name: _____ Sex: ___ Male ___ Female Age _____

Dog's Breed: _____ Spayed/Neutered? ___ Yes ___ No

Microchip # (if available): _____

(Check all that apply in each category)

Dog's Color:

Dog's Coat:

Black

Smooth

White

Long

Brown

Curly

Brindle

Short

Red

Medium

Tan

Wavy

Gray

Wiry

Other

Other

<i>(Office Use Only)</i>		
License #: _____	Date Issued: _____	Issued By: _____
<input type="checkbox"/> License Expires: June 30, 20_____	License Fee: \$ _____	New: _____ Renewal: _____
<input type="checkbox"/> Lifetime License		



The City of Spartanburg | 145 West Broad Street, P.O. Drawer 1749 | Spartanburg SC 29304 Spartanburg, SC

