

Village of St. Cloud

DOG LICENSE FORM

Owner's Name _____

Dog's Name _____

Breed _____

Gender (Please Check One):

<input type="checkbox"/>	Male	<input type="checkbox"/>	Spayed Female
<input type="checkbox"/>	Neutered Male	<input type="checkbox"/>	Female

Color _____

Vaccination Date _____

Cost: \$9.75 Male/Female
\$4.75 Neutered Male/Spayed Female