



404 Comanche Street  
 Kiowa, CO 80117  
 Phone: (303) 621-2366  
 Fax: (303) 621-2595

**TOWN DOG LICENSES DUE MARCH 1ST EVERY YEAR, OR WITHIN 30 DAYS FOR NEW DOGS. IT IS UP TO THE OWNER TO SUPPLY RABIES INFORMATION EACH YEAR.**

**COST: \$10.00 PER SPAYED/ NEUTERED DOG  
 \$15.00 PER NON- SPAYED/ NON- NEUTERED DOG**

DOG LICENSE APPLICATION			
<b>OWNER INFORMATION</b>			
Owner Name:		Phone:	Email:
Address:		City:	State: Zip:
<b>DOG INFORMATION</b>			
<b>TAG #:</b>			
Animal Name		Breed:	
Description:		Sex (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>	
Please indicate: Spayed/ Neutered (check one):		Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Not Spayed/ Neutered <input type="checkbox"/>	
Rabies # _____ Expires: _____			
Veterinarian Name:			
Address:		City:	State: Zip:
<b>TAG #:</b>			
Animal Name		Breed:	
Description:		Sex (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>	
Please indicate: Spayed/ Neutered (check one):		Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Not Spayed/ Neutered <input type="checkbox"/>	
Rabies # _____ Expires: _____			
Veterinarian Name:			
Address:		City:	State: Zip:
<b>TAG #:</b>			
Animal Name		Breed:	
Description:		Sex (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>	
Please indicate: Spayed/ Neutered (check one):		Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Not Spayed/ Neutered <input type="checkbox"/>	
Rabies # _____ Expires: _____			
Veterinarian Name:			
Address:		City:	State: Zip:
<b>TAG #:</b>			
Animal Name		Breed:	
Description:		Sex (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>	
Please indicate: Spayed/ Neutered (check one):		Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Not Spayed/ Neutered <input type="checkbox"/>	
Rabies # _____ Expires: _____			
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