



RIPON POLICE DEPARTMENT DOG LICENSE APPLICATION



OWNER'S NAME: _____

OWNER'S ADDRESS: _____

PHONE NUMBER(S): _____

SECOND CONTACT
NAME: _____

PHONE NUMBER: _____

DOG'S NAME: _____ GENDER: ___ MALE ___ FEMALE

BREED: _____ COLOR(S): _____

SPAYED/NEUTERED: YES NO
(IF YES IS CIRCLED, MUST PROVIDE COPY OF SPAY/NEUTER CERTIFICATE)

MICROCHIP #: _____

RABIES EXPIRATION DATE: ___/___/___
(MUST PROVIDE COPY OF RABIES VACCINATION CERTIFICATE)

- ___ 1 YEAR LICENSE \$5.00 W/ PROOF OF SPAY/NEUTER
 \$15.00 W/OUT PROOF OF SPAY/NEUTER
- ___ 2 YEAR LICENSE \$9.00 W/ PROOF OF SPAY/NEUTER
 \$28.00 W/OUT PROOF OF SPAY/NEUTER
- ___ 3 YEAR LICENSE \$12.00 W/ PROOF OF SPAY/NEUTER
 \$40.00 W/OUT PROOF OF SPAY/NEUTER

CASH OR CHECK ONLY
PLEASE MAKE CHECKS PAYABLE TO: CITY OF RIPON

A DOG LICENSE TAG WILL BE MAILED TO THE ABOVE LISTED ADDRESS ONCE EVERYTHING IS VERIFIED