

# Village of Ephraim Dog License Application



## Dog & Owner Identification

Date: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Breed: \_\_\_\_\_ Color \_\_\_\_\_

Owners Name: \_\_\_\_\_

Ephraim Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

Local Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Is This Dog Neutered: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

## Rabies Vaccination Information

Date of Vaccination: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_

Batch Serial Number: \_\_\_\_\_

**Fee \$3.00 if Neutered**

**\$8.00 if not neutered**

**\* Make Checks Payable to the Village of Ephraim**