

DOG LICENSE APPLICATION

FOR YEAR _____ DATE _____ PH. _____

NAME

OF OWNER _____

ADDRESS _____

BREED _____ AGE _____

NAME _____

COLOR _____ MALE FEMALE

VACCINATION NO. _____

DATE VACCINATED _____

VILLAGE USE ONLY

No. _____ Amt. _____ By _____

DOG LICENSE APPLICATION

VILLAGE OF CHICAGO RIDGE
10455 S. Ridgeland Avenue

IMPORTANT
ALL DOGS THREE MONTHS AND OLDER
MUST HAVE A LICENSE

Certificate of vaccination must accompany
each application