



## Town of Mt. Crested Butte - Dog License Registration Form

Owner's Name: \_\_\_\_\_

Local Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: Male  OR Female

Fees: Spayed/Neutered (\$10.00)  OR In-tact (\$25.00)  \*cash, check or online  
Renewal Fee / Lost Tag Fee (\$5.00)

Please note that all dog licenses are valid from issue date to rabies vaccine expiration date.

\_\_\_\_\_ By initialing here, I understand that it is my responsibility to re-register my dog every three years when I update their rabies vaccine.

### **For Office Use Only:**

Tag Number: \_\_\_\_\_

Payment Type: Cash

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

Check

Online

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

Amount Paid: \$ \_\_\_\_\_

Received By: \_\_\_\_\_

*Thank you!*

Town of Mt. Crested Butte