



Dog License Application

Proof of rabies vaccination must be attached to all applications.

Date: _____

Has this dog been licensed with the City of Ridgefield before? Yes ___ No ___

Owners Name: _____
Last First

Address: _____
Address

Mailing Address: _____
If different than street address

Phone #: _____
Home Emergency

Dog Name: _____ Age: _____

Breed: _____ Male _____ Female _____

Color: _____

Special Markings: _____

Is the dog spayed or neutered? Yes* _____ No _____

* If yes, you must sign the following statement

I, _____, as owner of the above-named animal, swear under the penalty of perjury, that this animal has been spayed/neutered and can show proof of this if required.

Signature: _____

NOTE: Dog license is valid from January 1 through December 31 and must be renewed annually.

FOR OFFICE USE ONLY

Rabies vaccination certificate Expires: _____ Verified By: _____

Tag #: _____ Date: _____ Receipt: _____ \$____.____
