



CITY OF SCRANTON

340 N. WASHINGTON AVENUE
SCRANTON, PA 18503
348-4193



DOG LICENSE

MAKE CHECKS PAYABLE TO CITY OF SCRANTON

DATE _____

FEE \$9.00

OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

DOG'S NAME _____ BREED _____ SEX _____

COLOR _____ AGE _____

MEDICAL INFORMATION

DATE OF RABIES VACCINATION _____

EXPIRES _____ TAG# _____

VET'S NAME AND CLINIC _____

IN ACCORDANCE WITH FILE OF COUNCIL #177 OF 1994

TAG NUMBER _____ EXPIRES: APRIL 30 _____

AUTHORIZED SIGNATURE _____