CITY OF ROCK ISLAND

YEARLY DOG LICENSE APPLICATION

Owner Name: _____ **Date:** _____

Owner Address: _____

Owner Phone Number: _____

Email address: _____

Pet Name(s): _____ _____ _____

Male: _____ **Female:** _____ **Age**_____ **Rock Island Dog License #:**_____

Breed(s): _____ **Color(s):** _____

Spayed or Neutered: Y____ **N**_____ **if yes, please provide verification**

Microchipped: Y____ **N**_____ **if yes, please provide verification**

Please Check one

Registration Fee if Spayed/Neutered and Chipped **$5.00** _____

Registration Fee if Chipped Only **$7.00** _____

Registration Fee if Spayed/Neutered Only **$10.00** _____

Registration Fee for all other dogs **$20.00** _____