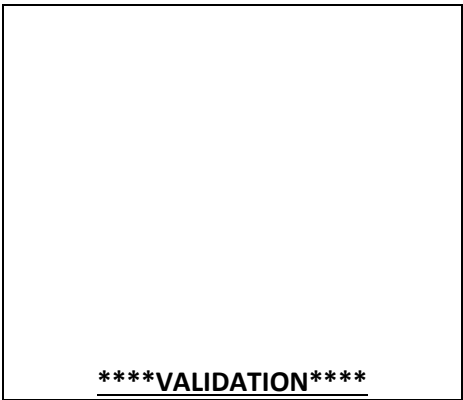


1 YR. Tag# _____
 3 YR. Tag# _____ L # _____



ANIMAL LICENSE APPLICATION

Dog licenses are required in the City of Lafayette. Please complete this application form and submit the form along with proof of rabies vaccination in person during normal business hours, by mail, or by email to pdrecords@lafayetteco.gov Three-year licenses are only available if you submit the license application within 30 days of receiving the rabies vaccination. Payment can be accepted by mail (cash or check) or over the phone (with a credit card), or online with prior approval.

Animal Owner/Guardian Information

Last, First Name _____
 Street Address _____ Lafayette Co 80026
 Home Phone _____ Alt. Phone# _____
 E-mail _____



Alternate Contact information (if owner cannot be reached)

Last, First Name _____
 Phone# _____ Alt phone# _____

Animal Information

Name _____ Age: _____ Size: _____ Sex: Male Female
 Breed _____ Secondary Breed _____
 Color _____ Secondary Color _____
 Spayed / Neutered _____ Altered Unaltered
 Micro- chipped: YES NO
 Microchip # _____ Company _____

Rabies Vaccination Information

Rabies Vaccination Expiration Date: _____ Vaccine Tag# _____
 Vet Hospital/Clinic Name _____ Phone _____

****OFFICIAL USE ONLY****

City of Lafayette License Information

This section must be approved by Police Records before payment can be received.

License Issued Date _____	Issued by _____
1 year (\$5.00) approved <input type="checkbox"/>	Change of Owner Re-License Fee (\$5.00) _____
3 year (\$13.00) approved <input type="checkbox"/>	Lost or Destroyed Tag Replacement Fee(\$5.00) _____