



Town of Apple Valley
1777 N Meadowlark Dr
Apple Valley UT 84737
T: 435.877.1190 | F: 435.877.1192
www.applevalleyut.gov

For office use
Date: _____
Fee: _____
Receipt #: _____
License #(s): _____

DOG LICENSE REGISTRATION

Please print clearly and fill out completely
\$10.00 (Female spayed or Male Neutered) \$20.00 (not spayed or Neutered)

Owner _____

Address _____

Mailing address _____

Home phone _____ Cell _____

Dog #1

Dog's Name _____ Spayed/Neutered or Intact

Breed _____ Gender _____

Color _____ Birthdate _____

Rabies Tag # _____ Expiration _____

Comments _____

Dog #2

Dog's Name _____ Spayed/Neutered or Intact

Breed _____ Gender _____

Color _____ Birthdate _____

Rabies Tag # _____ Expiration _____

Comments _____