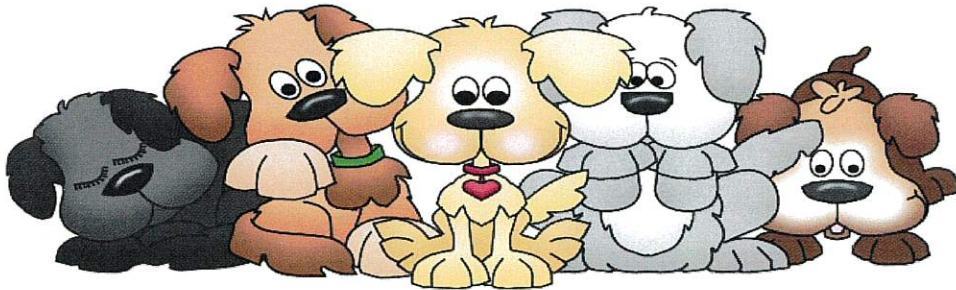


DOG TAG APPLICATION

1. Owners Full Name _____
2. Address _____
3. Insurance # _____
4. Insurance Company Name _____
5. Breed of Dog _____
6. Color/Markings of Dog _____
7. Dogs Name _____
8. Anything else we need to know about your pet:

9. Payment: Check__ Cash__ Debit/Credit Card__

We will also need a copy of the Rabies Vaccination. The Cost for a dog tag is \$10 per dog to be paid upon filling out this application.



Sign _____ Date _____

Office Use Only:

Tag Number: _____