



**TOWN OF TWIN BRIDGES
PO BOX 307
TWIN BRIDGES, MT 59754**

OFFICIAL DOG LICENSE APPLICATION

DOG LICENSE #: _____
(License Number will be provided by the Town)

YEAR: _____ (Annual License)

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____

NAME OF DOG: _____

AGE: _____ **COLOR** _____ **BREED** _____

SEX: MALE _____ FEMALE _____ NEUTERED/SPAYED (circle one)

RABIES SHOT EXPIRATION DATE: _____
(Please provide documentation for vaccinations)

NAME OF VETERINARIAN: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

FEES ARE \$5.00 EACH FOR NEUTERED MALE OR SPAYED FEMALE AND \$25.00 FOR EACH UNSPAYED DOG.

License is renewed annually.