

City of Ridgefield Dog License Application

Proof of rabies vaccination must be attached to all applications.

Date: _____

Has this dog been licensed with the City of Ridgefield before? Yes No

Owners Name: _____
Last First

Street Address: _____

Mailing Address: _____
If different than street address.

Email Address: _____

Phone #: _____
Home Emergency

Dog Name: _____ Age: _____

Breed: _____ Male: Female

Color: _____ Special Markings: _____

Is the dog spayed or neutered? Yes No

As owner of the above-named animal, I swear under the penalty of perjury, the above information is true and accurate.

Signature: _____

NOTE:
Annual dog license is valid from January 1 through December 31 and must be renewed annually.
You must provide an updated rabies verification as needed during a Lifetime license.

FOR OFFICE USE ONLY

Rabies vaccination certification Expires: _____ Lifetime Annual Verified By: _____

Tag #: _____ Date: _____ Receipt: _____ \$____.____