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**_☐_
*If yes, you must sign the following statement.

I, _____, as owner of the above-named animal, swear under the penalty of perjury, that this animal has been spayed/neutered and can show proof of this if required.

Signature:_____

NOTE: **Dog license is valid from January 1 through December 31 and must be renewed annually.**

FOR OFFICE USE ONLY

Rabies vaccination certification **Expires:**_____ **Verified By:**_____

Tag #:_____ **Date:**_____ **Receipt:**_____ $____.___