



CITY OF HEDWIG VILLAGE
DOG LICENSE APPLICATION

License Number (City Staff): _____

Owner's Name: _____

Address: _____

Phone: _____

Description of Dog (including name of dog): _____

Veterinarian: _____

Rabies Tag Number: _____

Issuance Date (Rabies): _____

Expiration Date (Rabies): _____

Receipt Number (City Staff): _____

Date Paid (City Staff): _____

Signature of Applicant

Permit Clerk