



CITY OF LEOTI

Council Meeting
1st & 3rd Monday – 6:30 p.m.

CITY OF LEOTI DOG LICENSE APPLICATION

Applicant's Name:	Email Address:
Physical Address:	Mailing Address:
City/State:	Zip:
Daytime Phone:	Alternate Phone:
Vet Clinic:	Vet's Phone #

	Animal #1	Animal #2	Animal #3	Animal #4
Name				
Color				
Markings				
Breed				
Age				
Male / Female				
Spayed / Neutered				
Rabies Vacc. Exp Date				
Rabies Tag #				

If you have more than four dogs please include them on a separate sheet.