Lifetime Dog Licensing Application (nontransferable)

City of Lewisville

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City of Lewisville

Owner's Name			Owner's Name		
Address			Address		
Phone	# Dogs in Household		Phone	# Dogs in Household	
Dog's Name	Breed	Age	Dog's Name	Breed	Age
Vaccinations	License #		Vaccinations	License #	
Dog's Name	Breed	Age	Dog's Name	Breed	Age
Vaccinations	License #		Vaccinations	License #	
Dog's Name	Breed	Age	Dog's Name	Breed	Age
Vaccinations	nations License #		Vaccinations	License #	
	Date			Date	
Signature			Signature		
Received \$	Date		Received \$	Date	
Signature	Title		Signature	Title	