



# Town of Leeds

218 North Main Street • Phone: 435-879-2447

## DOG LICENSE APPLICATION

Please Print

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Description of Dog: (Species, Breed, Color) \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Rabies Vaccination: \_\_\_\_\_  
(Date Given - Date Expires)

All applications must include a copy of the rabies vaccination certificate from a licensed veterinarian.

LICENSE FEES:           \$5.00 each  
                              \$25.00 kennel permit (over 4 dogs plus \$5.00 each dog)

*I certify the information above to be true and correct and have read and will comply with the Town of Leeds Animal Ordinance.*

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agent \_\_\_\_\_ License Number \_\_\_\_\_