



**City of Boulder**  
 Dog Licensing Program  
 PO Box 1620  
 Boulder, CO 80306  
 720-564-2006

**City of Boulder Dog License Application**

Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dog Name: _____	Dog Name: _____
Breed: _____	Breed: _____
Color: _____	Color: _____
Age: _____	Age: _____
Weight: _____	Weight: _____
Spayed/Neutered: _____Y _____N	Spayed/Neutered: _____Y _____N

**Proof of rabies vaccination for each dog must accompany this application**

Please make checks payable to:

**City of Boulder**  
 PO Box 1620  
 Boulder, CO 80306

Spayed/Neutered City Dog License: \$15 each \_\_\_\_\_

Intact City of Boulder Dog License: \$30 each \_\_\_\_\_

Total: \_\_\_\_\_

**All City of Boulder dog licenses are calendar year and expire December 31<sup>st</sup>**