

Voice and Sight Tag Registration

New ___ Renewal ___ Replacement ___

Primary member:

First Name _____ Middle Initial _____ Last Name _____
Street address _____
City _____ State _____ Zip Code _____
Daytime phone number _____
E-mail address _____
 I have taken the Voice and Sight Education Class _____ (Date of Class)

#1 Additional household member:

First Name _____ Middle Initial _____ Last Name _____
 I have taken the Voice and Sight Education Class _____ (Date of Class)

#2 Additional household member:

First Name _____ Middle Initial _____ Last Name _____
 I have taken the Voice and Sight Education Class _____ (Date of Class)

Dog Information:

Name _____ Breed _____ Sex _____ Date of Birth _____
Spayed or Neutered: Yes No Color _____ Rabies Expiration Date _____
*City of Boulder Residents: Does your dog have a current year City License? Yes License # if from vet _____
*Non-City/County Residents: Please attach/include a copy of your dog's rabies certificate

#1 Additional Dog:

Name _____ Breed _____ Sex _____ Date of Birth _____
Spayed or Neutered: Yes No Color _____ Rabies Expiration Date _____
*City of Boulder Residents: Does your dog have a current year City License? Yes License # if from vet _____
*Non-City/County Residents: Please attach/include a copy of your dog's rabies certificate

#2 Additional Dog:

Name _____ Breed _____ Sex _____ Date of Birth _____
Spayed or Neutered: Yes No Color _____ Rabies Expiration Date _____
*City of Boulder Residents: Does your dog have a current year City License? Yes License # if from vet _____
*Non-City/County Residents: Please attach/include a copy of your dog's rabies certificate

----- For Office Use Only -----

CIRCLE TYPE OF PURCHASE

Date _____ Initial _____

New Registration Fees:

\$13.00 City of Boulder Resident
\$33.00 Boulder County Resident
\$75.00 Non-Resident Boulder County

Dog: _____ Tag # _____
Dog: _____ Tag # _____
Dog: _____ Tag # _____

Additional:

Dog (s): \$10.00 Each _____
Guardian(s): \$5.00 Each _____

Replacement Tag (\$5 each) _____

TOTAL _____ Cash Check (#) _____ Credit Card _____