



Secured -City of Boulder Finance Department

P.O. Box 1620 Boulder, CO 80306

RE: Dog Licensing 720-564-2006

DOG LICENSE RENEWAL FORM

DOG Proof of current rabies vaccination must accompany this renewal. In lieu of written documentation, your veterinary clinic may complete the veterinary section below. We will not process your request for a "City License" unless you provide proof of rabies vaccination.

*****PLEASE PRINT*****

Dog Guardian Name: _____

Street Address: _____ Zip 803 _____

Home Phone: _____ Work phone: _____ Cell Phone: _____

Email: _____

Alternate Contact #: _____

Dogs Name: _____ Breed: _____

Age: _____ Color: _____

FEMALE SPAYED or MALE NEUTERED or INTACT (circle which applies)

RENEWAL OPTIONS: 1-Year License ___ \$15 spayed/neutered ___ \$30 intact ___ \$5Late Fee After April 1

___ My pet is deceased please remove from your list

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF BOULDER

Mail to

**CITY OF BOULDER
DOG LICENSE PROGRAM,
Secured - P.O. Box 1620
BOULDER, CO 80306**

FOR VETERINARY USE ONLY

Veterinary Facility Name: _____ Veterinary Phone #: _____

Date of Rabies Vaccination: _____ Type: 1 year _____ 3 year _____

Spayed/Neutered: *Yes or No* Authorized Signature _____

PLEASE REMIT THIS FORM W/ YOUR RENEWAL PAYMENT AND RABIES DOCUMENTATION