

City of Strafford

Dog License Application



Proof of rabies vaccine must be submitted with this form.	Tag Number: Office Use Only	Expiration Date: Office Use Only
Owners Name:		
Address:		
Phone Number:		
Pet's Name:		
Check all that apply:		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Spayed: <input type="checkbox"/>	Neutered: <input type="checkbox"/>	
Breed:	Color:	Age:

Fees: \$5 per license.