

City of Ridgefield Dog License Application

Proof of rabies vaccination must be attached to all applications.

Date: _____

Has this dog been licensed with the City of Ridgefield before? Yes No

Owners Name: _____
Last _____ First _____

Street Address: _____

Mailing Address: _____
If different than street address.

Email Address: _____

Phone #: _____
Home _____ Emergency _____

Dog Name: _____ **Age:** _____

Breed: _____ **Male:** _____ **Female:** _____

Color: _____ **Special Markings:** _____

Is the dog spayed or neutered? Yes No

As owner of the above-named animal, I swear under the penalty of perjury, the above information is true and accurate.

Signature: _____

NOTE:

**Annual dog license is valid from January 1 through December 31 and must be renewed annually.
You must provide an updated rabies verification as needed during a Lifetime license.**

FOR OFFICE USE ONLY

Rabies vaccination certification Expires: _____ Lifetime Annual **Verified By:** _____

Tag #: _____ **Date:** _____ **Receipt:** _____ **\$** _____.____