

# CLACKAMAS COUNTY DOG SERVICES LICENSE REQUEST

Owner's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

OR Drivers License #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Dogs date of birth or approximate age: \_\_\_\_\_

(Please don't use "mix" or "mutt" as the only choice)

Primary Breed: \_\_\_\_\_ Secondary Breed(s): \_\_\_\_\_

(when using "tri" indicate the colors)

Primary Color: \_\_\_\_\_ Secondary Color(s): \_\_\_\_\_

Sex: Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Veterinarian Clinic: \_\_\_\_\_ Veterinarian Phone #: \_\_\_\_\_

**Print this form, Complete it and either mail or bring it to:**

Clackamas County Dog Services 13141 Se Hwy 212 Clackamas, OR 97015

**ALONG WITH** Proof of Rabies vaccination, Sterilization Certificate and your licensing payment.

## **Licensing Fees**

| Please circle all that apply     | License Base Fee (\$) |        |        | Microchip discount of \$5/year<br>MUST provide microchip # |        |        | Canine Good Citizen discount of 25%<br>(provide copy of AKC CGC certification proof) |        |         |
|----------------------------------|-----------------------|--------|--------|--|--------|--------|--|--------|---------|
|                                  | 1 Year                | 2 Year | 3 Year | 1 Year   | 2 Year | 3 Year | 1 Year   | 2 Year | 3 Year  |
| Altered (spayed or neutered) dog | 18                    | 34     | 48     | - 5  | - 10   | - 15   | - 4.50   | - 8.50 | - 12    |
| Fertile dog                      | 35                    | 60     | 90     | - 5  | - 10   | - 15   | - 8.75   | - 15   | - 22.50 |

Rabies Vaccination must be valid for the final licensing year or we'll only be able to license your dog until his/her rabies expiration date.