

# Lewiston City Dog License Application

Date: \_\_\_\_\_

**Owner Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Dog Information:**

1. Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Female or Male - Spayed \_\_\_\_ Neutered \_\_\_\_ Age \_\_\_\_ Rabies Expires \_\_\_\_\_

City Tag # \_\_\_\_\_

2. Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Female or Male - Spayed \_\_\_\_ Neutered \_\_\_\_ Age \_\_\_\_ Rabies Expires \_\_\_\_\_

City Tag # \_\_\_\_\_

**\*Proof of rabies is required\***

NOTE: Lewiston City ordinance 5-1-5 requires any person keeping or owning three (3) or more dogs to apply for a kennel permit.

Tag Fee \$ \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Owner Signature \_\_\_\_\_

Staff \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_