



TOWN OF COLORADO CITY

PO Box 70 * Colorado City, AZ 86021

Phone & TTD: 928-875-2646 * Fax: 928-875-2778

DOG LICENSE APPLICATION/ ANIMAL RELEASE

Dog License Application _____

Animal Impound Release _____

1	Owner: _____	Date: _____
	Address: _____	Impound Date: _____
	Phone Number: _____	Animal Impounded: _____
		CAD Number: _____

2	Dog Information
	Name: _____
	Breed: _____
	Color: _____
	Markings: _____
	Gender: _____

Impound Fee: _____

Animal Housing Fee: _____

License Fee (\$10): _____

Vaccination Deposit (\$40): _____

Total Amount Due Today

Receipt Number: _____

I accept full responsibility of the above named animal. I agree to abide by the Town Animal Code, Title IX, Chapter 90 (www.tocc.us). I understand the Town of Colorado City will not be held liable for disturbances, illness, public nuisance, hazard, or any condition or incident caused by this animal. I further acknowledge that if my animal is not licensed within the required time frame, I will forfeit my vaccination deposit and be given a citation for failure to comply.

Owner's Signature

OFFICE USE ONLY

3	Vaccination Date: _____	Verification Date: _____
	Verified By: _____	(Within 30 days of release)
	Expiration: _____	NOTE: Refunds will be made payable to the person listed as "Owner" and mailed to the address stated in box 1.
	License Number: _____	Refund Authorized by: _____
	**License expires the same date as the vaccinations.	