

HSCAZ Dog License Request Form

All <u>renewals</u> and <u>new</u> requests MUST have a current rabies vaccination certificate attached.

ANIMAL INFORMATION

Current tag number:	Please write "new" if this is NOT a renewal		
Dog's Name:	Dog's A	Age or Date of Birth	
Dog's Gender:Male _	Female	Altered	Unaltered
Dog's Breed:	Seconda	ary Breed:	
Dog's Coloring:		If unknown type "mix" or if pui	re breed type "none"
OWNER INFORMATION			
Owner's Name:			
Owner's Mailing Address:	Street Address or PO Box		Zip Code
Owner's Phone Number:			
Owner's Email Address:			
	Email address will be used for HSCAZ u	ise only (<i>for example:</i> renewal notices)	
PAYMENT INFORMATION			
Credit Card Number:		Expiration Date:	
Credit Card CVC:	Billing Zip Cod	e:If different than mailing address	-
DOG LICENSE PRICING			
\$15.00 - Altered dogs	\$40.00 - Unaltered do	ogs \$5.00 Replace	ement tag

Paying by check? Please fill out this form and enclose a copy of the rabies vaccination certificate with your check. Please make the check payable to HSCAZ and mail it to:

HUMANE SOCIETY OF CENTRAL ARIZONA DOG LICENSING PO BOX 242 PAYSON, AZ 85547