



POLICE DEPARTMENT
ANIMAL CARE & CONTROL
 100 N. Perry St., Castle Rock, CO 80104
 (303) 663-6100 Office | (303) 663-6105 Fax

Internal use only

Date Issued: License exp. (mo/yr):

Check #: \$

AC Officer Initials:

Town License #: Applic. Rec'd:

OWNER INFORMATION

| | | | |
|--------------------|----------------------|----------------------|----------------------|
| | LAST | FIRST | INITIAL |
| Owner 1 Legal Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | DOB | <input type="text"/> | <input type="text"/> |
| Owner 2 Legal Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | DOB | <input type="text"/> | <input type="text"/> |

Street Address:

Castle Rock, CO Zip:

1st Contact Phone:

2nd Contact Phone:

E-mail Address:

Please include area code with contact phone number(s)

DOG INFORMATION

Dog Name:

Primary Breed:

Male Neutered Male Spayed Female Female

Weight: Age:

Primary Color(s):

Microchip #:

VACCINATION INFORMATION

Rabies Vaccination Date: Tag #: 1 Year Vaccine 3 Year Vaccine

Issuing Vet/Clinic Name: Phone:

| | |
|--|--|
| ONE YEAR LICENSE (1- or 3-year rabies vaccine) : Neutered/Spayed Intact \$10 \$20 | THREE YEAR LICENSE (requires 3-year rabies vaccine): Neutered/Spayed Intact \$30 \$60 |
|--|--|

Mail or return BOTH copies of this dog license application, proof of rabies vaccination and the appropriate fee
Please make checks payable to CRPD Animal Control: 100 N Perry Street, Castle Rock, CO 80104

***** Duplicate copy will be returned, with your new tag, as your receipt *****

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