# Green_Transparent.pngcitylogo_edited**HUMANE SOCIETY OF SEDONA**

# DOG LICENSING AUTHORITY FOR CITY OF SEDONA

2115 Shelby Dr., Sedona, AZ 86336

Phone (928) 282-4679 Fax (928) 282-1630

Email [info@humanesocietyofsedona.org](mailto:info@humanesocietyofsedona.org)

**2021 CITY OF SEDONA DOG LICENSE APPLICATION**

OWNER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ New License ❑ Renewal Dog Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tag #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Altered? ❑ Yes ❑ No *IF yes – attach Sterilization Certificate*

Date of Rabies Vaccination: \_\_\_\_\_\_\_\_\_\_ Expiration Date of Rabies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*attach a copy of the Vaccination Certificate. The license cannot be sold without a copy of the current rabies vaccination.*

**IMPORTANT:** THE RABIES MUST BE VALID FOR THE ENTIRE LENGTH OF THE LICENSE. THE LICENSE WILL EXPIRE BEFORE THE FULL YEAR IF THE RABIES EXPIRES BEFORE THE LICENSE.

**DOG LICENSE PURCHASE:**

❑ 1 Year Altered Dog $10.00

❑ 3 Year Altered Dog $25.00

❑ 1 Year Un-Altered $30.00

❑ 3 Year Un-Altered $72.00

❑ Duplicate $2.50

❑ Transfer of Ownership $5.00

Total License Fees: $\_\_\_\_\_\_\_\_\_\_\_

Donation to help animals: $\_\_\_\_\_\_\_\_\_\_\_ (Thank you!)

AMOUNT ENCLOSED: $\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT OPTIONS**: Make Checks Payable To: Humane Society of Sedona. Or charge your Credit Card below:

Credit card: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp \_\_\_\_\_\_\_\_ CSV\_\_\_\_\_\_\_\_

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIL COMPLETED APPLICATION TO:** Humane Society of Sedona - 2115 Shelby Dr. Sedona, AZ 86336