



Dog Licensing Form:

Owner: _____

Address: _____

Phone: _____

Vet Clinic: _____

Dog 1 Name: _____

Breed: _____

Spayed: ____ Neutered:____ Rabies Vaccination:_____

Dog 2 Name: _____

Breed: _____

Spayed: ____ Neutered:____ Rabies Vaccination:_____

Dog 3 Name: _____

Breed: _____

Spayed: ____ Neutered:____ Rabies Vaccination:_____

The Village of Adams has adopted Section 3, Article 2 – Dogs. Included in this section is the requirement of dog licensing, a leash law, barking and offensive behavior, as well as other dog related ordinances. By signing below, I am acknowledging the ordinance in place by the Village of Adams.

Owners Signature: _____ Date: _____

Office Use Only:

Payment Received: _____ Amount: _____ Cash Pay Port Check Number

Tag Number Dog 1: _____ Vaccination Records: _____

Tag Number Dog 2: _____ Vaccination Records: _____

Tag Number Dog 3: _____ Vaccination Records: _____