

Bland County Dog License Application



Owner Information -- All information in this section is REQUIRED

Owner Name: _____ **Telephone Number:** (____) _____ - _____

Physical (911) Address: _____

Mailing Address (If Different from Above): _____

City: _____ **State:** VA **Zip Code:** _____ - _____

Fees

Male, Neutered Male and Spayed Female
\$4.00

Un-Spayed Female
\$6.00

Kennel License:

Please complete a Bland County Kennel License Application if you own five (5) or more dogs.

Dog Information – Please complete all information for each animal to be licensed

Rabies Vaccine #: _____ **Rabies Vaccine Date Given:** ____ / ____ /20 ____

Rabies Vaccine Expiration: ____ / ____ /20 ____ **Veterinarian:** _____

Pet Name: _____ **Age:** _____ **Sex:** _____

Breed: _____ **Cross Breed:** _____ **Size:** _____

1st Color: _____ **2nd Color:** _____

Spayed / Neutered: _____ * *Veterinarian Certification Required* *

Rabies Vaccine #: _____ **Rabies Vaccine Date Given:** ____ / ____ /20 ____

Rabies Vaccine Expiration: ____ / ____ /20 ____ **Veterinarian:** _____

Pet Name: _____ **Age:** _____ **Sex:** _____

Breed: _____ **Cross Breed:** _____ **Size:** _____

1st Color: _____ **2nd Color:** _____

Spayed / Neutered: _____ * *Veterinarian Certification Required* *

Bland County Dog License Application

Rabies Vaccine #: _____ Rabies Vaccine Date Given: ____/____/20____
Rabies Vaccine Expiration: ____/____/20____ Veterinarian: _____
Pet Name: _____ Age: _____ Sex: _____
Breed: _____ Cross Breed: _____ Size: _____
1st Color: _____ 2nd Color: _____
Spayed / Neutered: _____ * Veterinarian Certification Required *

Rabies Vaccine #: _____ Rabies Vaccine Date Given: ____/____/20____
Rabies Vaccine Expiration: ____/____/20____ Veterinarian: _____
Pet Name: _____ Age: _____ Sex: _____
Breed: _____ Cross Breed: _____ Size: _____
1st Color: _____ 2nd Color: _____
Spayed / Neutered: _____ * Veterinarian Certification Required *

Rabies Vaccine #: _____ Rabies Vaccine Date Given: ____/____/20____
Rabies Vaccine Expiration: ____/____/20____ Veterinarian: _____
Pet Name: _____ Age: _____ Sex: _____
Breed: _____ Cross Breed: _____ Size: _____
1st Color: _____ 2nd Color: _____

Treasurer's Office Use Only:

Rabies Vaccination and Spay / Neuter Certificates Verified: Yes / No (explain below)

License Number(s) Issued: _____, _____, _____, _____, _____

Date License Issued: ____/____/20____ Amount of Fees Collected: \$ _____