

COUNTY OF LOUDOUN, VIRGINIA DOG LICENSE APPLICATION

OWNER INFORMATION:

Name: _____

Residence Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

Telephone (Home): _____ (Work): _____

PET INFORMATION:

Is this a new _____ or renewal _____ Loudoun County license?

If renewal, please provide previous license #: _____ and Year: _____.

Name: _____ Microchip #: _____

Breed: _____ Age: _____ Color: _____

Rabies expiration date: _____ [Please attach Certificate – **will be returned**]

Sex: Female: _____ Male: _____

Spayed or neutered? No _____ Yes _____

Guide or Assistance Dog? No _____ Yes _____

Fees:

Male: \$10.00

Female: \$10.00

Altered Male: \$10.00

Altered Female: \$10.00

Amount Enclosed: \$ _____

(MAKE CHECKS PAYABLE TO "COUNTY OF LOUDOUN")

Mail this application and rabies vaccination certificate to:

COUNTY OF LOUDOUN
DEPARTMENT OF ANIMAL CARE AND CONTROL
39820 CHARLES TOWN PIKE
WATERFORD, VIRGINIA 20197