

CITY OF STARKVILLE, MS
APPLICATION FOR ANNUAL DOG LICENSE
(Administered by Oktibbeha County Humane Society)

*Dog's Name _____ **NEW COMPUTER PROGRAM SO**
PLEASE COMPLETE ALL INFORMATION
Renewals may be mailed (**\$1 extra per**).

*Owner _____

Address _____ **P.O. Box or Apt #** _____

Phone 1 _____ Phone 2 _____ E-Mail _____
(area code & #)

Breed (predominant breeds) _____

Description (include color, size, weight and visible scars/incisions) _____

Date of Birth ___/___/___ Sex _____ Neutered/Spayed ? _____ Renewal? _____
(estimate if necessary) (First time attach proof to receive reduced fee)

***Rabies shot date & tag** ___/___/___ **Tag #** _____ (show tag or certificate as proof)

Microchip? _____ Brand and identification number _____

Tattoo? _____ Describe and location _____

*Veterinarian's Name _____

Address & Phone (if not local) _____

YOU ARE REQUIRED TO NOTIFY OCHS OF THE DEATH OR SALE OF THIS DOG AND IF YOU CHANGE ADDRESS/PHONE.

The information provided by me is correct and complete. I acknowledge that to provide false information is against the law.

(Signature) _____ (Date) _____

OCHS Witness _____ (Date) _____

___ FEE \$5/\$6 by mail (neutered/spayed) ___ FEE \$10/\$11 by mail (not altered) Check # _____

NEW CITY LICENSE TAG # _____ IF LOST, REPLACEMENT # _____ **YEAR: 2017**

Bring this form, along with appropriate fee, rabies proof and neuter/spay documentation (if first time)
In person at: _____ By mail: (include \$1 extra per license)
OCHS/City of Starkville Animal Shelter OCHS/City of Starkville Animal Shelter
510 Industrial Park Road, Starkville **P.O. Box 297**
Open: Tues - Sat, 11am- 5:30 pm Starkville, MS **39760**

RECEIPT FOR ANNUAL DOG LICENSE CITY OF STARKVILLE, MS

Dog's Name _____ RENEWAL? _____

Owner _____ Address _____
___ FEE \$5/\$6 by mail (neutered/spayed) ___ FEE \$10/\$11 by mail (not neutered/spayed)

NEW CITY LICENSE TAG # _____ IF LOST, REPLACEMENT # _____ **YEAR: 2017**
YOU ARE REQUIRED TO NOTIFY OCHS OF THE DEATH OR SALE OF THIS DOG AND IF YOU CHANGE ADDRESS/PHONE. CALL OR MAIL TO OCHS, P.O. Box 297, STARKVILLE, MS 39760

Registrar _____ date _____ Oktibbeha Cty Humane Society, **662 338-9093**