

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

\*Dog's Name \_\_\_\_\_ RENEWAL? \_\_\_\_\_ For renewal,  
fill in starred items & any new  
information. \$1 extra for mailing.

\*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.**

\* \_\_\_\_\_ \*(Date) \_\_\_\_\_  
(Signature)

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: 2020

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**

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**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: 2020

**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**