

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: 2021

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: 2021

**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**