



<b>City of Lastrup Dog License Application</b>				
License Number	Paid On	Check #	Cash	Initials
Do not write above this line-City use.				
<b>DOG OWNER INFORMATION</b>				
Last Name		First Name		
Address		City		
Home phone		Alt. Phone		
<b>DOG INFORMATION</b>				
Dog's Name		Age	Breed	
Primary Color	Secondary Color	Sex		
Dog Description				
<b>RABBIES VACCINATION</b>				
Date of Vaccine		Expiration Date		
Vetinarian		Location (city)		
<b>SIGNATURE</b>				
			Date	
<p style="text-align: center;">By signing above, I agree to comply with the rules, regulations, and consequences duly adopted by the lawful governing body of the City of Lastrup.</p> <p style="text-align: center;"><b>PLEASE INCLUDE LICENSE FEE OF \$25.00 ALONG WITH APPLICATION</b></p>				