2022 - 2023



City of Lastrup Dog License Application					
License Number	Paid On	Check #	Cash	Initials	
		ve this line - City use.	Cuon	Initialo	
DOG OWNER INFORMATION					
Last Name		First Name			
Physical Address					
Physical Address		Mailing Address			
Home phone		Alt. Phone			
DOG INFORMATION					
Dog's Name		Age	Breed		
Dogorianio		Age	Diood		
		·	L		
Primary Color Secondary (Color	Sex		
Dog Description					
RABIES VACCINATION					
Date of Vaccine		Expiration Date			
Vetinarian		Location (city)			
	0101				
SIGNATURE					
			Date		
By signing above, I agree to	comply with	the rules regulat		equences duly	
		ing body of the			
	0	8			

PLEASE INCLUDE LICENSE FEE OF \$25.00 ALONG WITH APPLICATION