



# Municipality of Anchorage Dog License Application



<b>Name of Owner</b>			
<b>Owner's D.O.B.</b>	<b>Owner's A.D.L.</b>	<b>Other I.D.</b> (if A.D.L. is not available)	
<b>Owner's Mailing Address</b>			<b>Zip Code</b>
<b>Physical Address</b>		<b>Email</b>	
<b>Telephone Day</b>	<b>Telephone Evening</b>	<b>Cell or Message Phone</b>	
<b>Animal's Name</b>		<b>Animal's Breed</b>	
<b>Check One</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Check One</b> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Neither <input type="checkbox"/>	<b>Color</b>	<b>Age</b>
<b>Municipal Dog License</b>	<b>Unsterilized Dog</b>	<b>Sterilized Dog</b>	
Up to 1 Year License	<input type="checkbox"/> \$23	<input type="checkbox"/> \$15	
Up to 2 Year License	<input type="checkbox"/> \$43	<input type="checkbox"/> \$27	
Up to 3 Year License	<input type="checkbox"/> \$63	<input type="checkbox"/> \$39	
<b>Rabies Tag No.</b>	<b>Vaccine Date</b>	<b>Expiration Date</b>	<b>Name of D.V.M. and Clinic</b>
<b>Microchip Number</b> (if microchipped)			

<b>Payment By</b>	<b>Check</b> <input type="checkbox"/>	<b>Visa</b> <input type="checkbox"/>	<b>MC</b> <input type="checkbox"/>
Card Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expiration Date	<input type="checkbox"/>	<input type="checkbox"/>	Security Code <input type="checkbox"/>
Name as appears on Credit Card _____			
Print Name Clearly			
Authorized Credit Card Signature _____			

Completed application with credit card information or check made out to Municipality of Anchorage may be mailed to: Animal Care and Control  
4711 Elmore Road  
Anchorage AK 99507

Dog license fees are shown above. **Please attach a copy of your pet's rabies vaccination certificate to the license application.** The dog license will expire when the rabies vaccination expires. Animal Control will mail a license to you following processing of your application.

If you have questions, please call Animal Care and Control at 343-8122.