



CITY OF GEARHART

698 Pacific Way / P.O. Box 2510 Gearhart, OR 97138

Dog License Registration

Date: _____

Owner's Name: _____

Home Phone: _____ Work/Cell phone: _____

Street Address: _____

Mailing Address: _____

Name: _____

Breed: _____

Color: _____

(check one)

Spayed female: _____

Unspayed female: _____

Neutered male: _____

Unneutered male: _____

Rabies Certificate Number: _____ Expiration Date: _____

License number: _____

Year: 20____

Fee: _____

Fees:

Spayed or neutered \$5.00

Unspayed or unneutered \$10.00

Senior Citizen Rates:

\$3.00

\$5.00