WEBER COUNTY ANIMAL SERVICES

1373 N. 750 W. Ogden, UT 84404 (801)399-8244



MAIL-IN PET LICENSE APPLICATION

Owner's Name:				DOB:	DOB:	
(First)	(Last)			(Date of Birth)		
Address:(Street Number)						
(Street Number)			(City)	(Zip Code)		
Mailing Address:(If different than physical address)	(2.2.2.)		/o::)	(-		
if different than physical address)	(P. O. Box)		(City)	(Zip Code)		
E-mail:						
Phone Number:						
(Home)		(Cell)		(Work)		
1 st Animal's Name:			g or Cat / Bree le One)	ed:		
Color: Ag	ge: Sex:	Male	Female Ne (Circle		Spayed Female	
Rabies Vaccination date:		Ехр	oiration Date:			
Veterinarian Hospital/Clinic	:		Micr	ochip #:		
2 nd Animal's Name:		Do:	g or Cat / Bre le One)	ed:		
Color:Ag	ge: Sex:	Male	Female Ne (Circle		Spayed Female	
Rabies Vaccination date:		Ехр	oiration Date:			
Veterinarian Hospital/Clinic	:		Micr	ochip #:		
Animal License Fees:						
Non-sterilized	\$ 25.00 per do	og				
Sterilized	\$ 10.00 per do	\$ 10.00 per dog				
Sterilized dog owned by	-					
Senior citizen (65 or older)	\$ 5.00 per do	og				
Mandatory Late Fee:	\$ 20.00 per h	ouseho	ld			
Required 30 days after prior year	license expiration	n or 30 da	ays after you ob	tain the animal	or move into the area	
Proof of original sterilizatio	n and rabies va	ccinatio	on must acco	mpany each	license	
application. This will be ret	urned with you	r licens	e.			

Mail this form with: 1) appropriate vaccination, sterilization certificates and

2) fee payable by check or money order to: Weber County