



**TOWN OF IGNACIO
DOG LICENSE APPLICATION 2024**

tag # _____, _____

APPLICANT / OWNER _____ **DATE** _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PHONES (Home) _____ (Cell) _____

Dog 1) Name of Dog _____ Color _____ Neutered/Spayed

Breed of Dog _____ Size _____

Date Vaccination Expires _____ YES NO

Dog 2) Name of Dog _____ Color _____ Neutered/Spayed

Breed of Dog _____ Size _____

Date Vaccination Expires _____ YES NO

**** PROOF OF VACCINATION BY LICENSED VETERINARIAN MUST BE ATTACHED ****

MUNICIPAL CODE:

(ORD 93, 12-10-84) Restriction on the number of Dogs allowed to be kept per resident. It shall be unlawful for any person to keep, maintain, harbor or possess more than two dogs on the premises of any one residence within the Town of Ignacio.

_____ **initials**

(ORD 115, 4-10-89) No person shall own, keep or harbor any dog over four months of age within the Town of Ignacio unless such dog is vaccinated and licensed.

_____ **initials**

FEE SCHEDULE	
\$ 10.00	Neutered/Spayed
\$ 15.00	Un-Neutered / Un-Spayed

SIGNATURE OF APPLICANT _____

TOWN OF IGNACIO / P O Box 459, IGNACIO, CO / 970 563-9494

For Staff Use Only: Date Paid _____ Amount \$ _____ Staff Signature _____