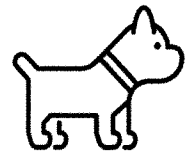


# Milford Dog License Application



Owner's Name			
Street Address			
City		State	Zip Code
Telephone Number			
(H)		(C)	
Email Address			
Dog's Name			Color
Predominant Breed		Dog's Date of Birth	Age

## FEE SCHEDULE (check one)

- ☐ Male (not neutered) \$19.00  
☐ Female (not spayed) \$19.00  
☐ Male/Neutered \$ 8.00  
☐ Female/Spayed \$ 8.00

**\*\* ADD \$1.00 LATE FEE FOR EACH MONTH  
AFTER JUNE 30TH**

## Please submit the following (if applicable):

- ☐ Rabies Vaccination Certificate with  
expiration date (for first license or if  
updated since last license)  
☐ Spay/Neuter Certificate (for first  
license)

## PAYMENT INFORMATION

- ☐ I enclose a **CHECK** or money order  
made out to: **MILFORD CITY CLERK**  
☐ I authorize a one-time charge against  
my **CREDIT/DEBIT CARD** for the  
following amount:

\$ \_\_\_\_\_ \$19.00 Male/Female

\$ \_\_\_\_\_ \$ 8.00 Neutered/Spayed

\$ \_\_\_\_\_ Applicable Late Fees

+ \$ \_\_\_\_\_ \$ 1.50 Credit Card Processing Fee

+ \$ \_\_\_\_\_ \$ 1.00 Postage Fee

\$ \_\_\_\_\_ **TOTAL CHARGE**

## CREDIT CARD AUTHORIZATION FORM

**CARDHOLDER NAME:** \_\_\_\_\_

**BILLING STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CARD TYPE:** \_\_\_\_\_ **MASTERCARD** \_\_\_\_\_ **VISA** \_\_\_\_\_ **AMERICAN EXPRESS** \_\_\_\_\_ **DISCOVER CARD**

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE (MONTH/YEAR):** \_\_\_\_\_ **SECURITY CODE:** \_\_\_\_\_

**CARDHOLDER SIGNATURE:** \_\_\_\_\_