## Milford Dog License Application

**CARDHOLDER SIGNATURE:** 



Ow	rner's Name						
Str	eet Address						
City			State	Zip (	Code		
Tel	ephone Number	$\overline{}$					
(H)		(C)	)				
Em	ail Address						
Dog's Name			Color				
Pre	edominant Breed	Do	g's Date of Bi	irth		Age	
	FEE SCHEDULE (check one)		<b>PAYMENT INFORMATION</b>				
0	Male (not neutered) \$19.00		O I enclose a CHECK or money order				
0	Female (not spayed) \$19.00					LFORD CITY CLERK	
0	Male/Neutered \$ 8.00		O I au	thoriz	e a on	e-time charge agains	
0	Female/Spayed \$ 8.00		my CREDIT/DEBIT CARD for the				
** ADD \$1.00 LATE FEE FOR EACH MONTH			following amount:				
	AFTER JUNE 30TH		\$		_ \$19.00	Male/Female	
	Please submit the following (if applicable):		\$		_ \$ 8.00	Neutered/Spayed	
			\$		Applicable Late Fees		
0	Rabies Vaccination Certificate with		+ \$		\$ 1.50 Credit Card Processing I		
	expiration date (for first license or i	f	T		_ •		
	updated since last license)		\$		TOTAL CHARGE		
D	Spay/Neuter Certificate (for first						
	license)						
	CREDIT CARD A	<b>AUTHC</b>	RIZATION	FORM	<u> </u>		
CAF	RDHOLDER NAME:						
BIL	LING STREET ADDRESS:						
CITY:		STA	STATE:ZIP CODE:			DE:	
CAF	RD TYPE:MASTERCARDVISA		AMERICAN	EXPRE	SS	DISCOVER CARD	
CAF	RD NUMBER:						
EXP	PIRATION DATE (MONTH/YEAR):		;	SECUR	RITY CO	DE:	