Milford Dog License Application



FEE SCHEDULE (check one) Male (not neutered) \$19.00 Description of the processing fee submit the following (if applicable): PAYMENT INFORMATION Of I enclose a CHECK or money order made out to: MILFORD CITY CLERISM made out to: MILFORD CITY	Street Address			
C C Email Address	City	State	Zip Code	
FEE SCHEDULE (check one) Male (not neutered) \$19.00 Male (not spayed) \$19.00 Male/Neutered \$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) PAYMENT INFORMATION O I enclose a CHECK or money order made out to: MILFORD CITY CLERI O I authorize a one-time charge again my CREDIT/DEBIT CARD for the following amount: \$ 19.00 Male/Female \$ 48.00 Neutered/Spayed \$ 4.50 Processing Fee TOTAL CHARGE	(H)	(C)		
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	Dog's Name		Color	
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) O I enclose a CHECK or money order made out to: MILFORD CITY CLERI made o	Predominant Breed	Dog's Date of B	irth Age	
	Male (not neutered) \$19.00 Female (not spayed) \$19.00	O I enc	ose a CHECK or money order out to: MILFORD CITY CLERI orize a one-time charge again REDIT/DEBIT CARD for the ing amount:\$19.00 Male/Female\$8.00 Neutered/SpayedApplicable Late Fees\$1.50 Processing Fee	

CARDHOLDER NAME:						
BILLING STREET ADDRESS:						
CITY:		_STATE:	ZIP CO	DE:		
CARD TYPE:MASTERCARD _	VISA	AMERICAN	EXPRESS	DISCOVER CARD		
CARD NUMBER:						
EXPIRATION DATE (MONTH/YEAR):						
CARRUOI RER SIGNATURE						