

Owner's Name:

CITY OF HELENA

ACCOUNTING DIVISION

316 N. PARK AVE, HELENA MT 59623 PHONE (406) 447-8416 FAX (406) 447-8434



DOG LICENSE APPLICATION

LICENSE IS VALID FOR ONE YEAR – JANUARY 1 THROUGH DECEMBER 31

City ordinance requires that no person shall own, keep or harbor any dog over the age of 6 months within the City limits, unless such dog is licensed. Please complete the required information below and return this form with the applicable fee to the address shown above.

Physical A	Address:			
Mailing A	ddress:			
Phone Nu	mber:			
	Dog's Name:			
	Breed & Color:			
	Sex: M/F	Age:	Altered: Yes / No	
	Dog's Name:			
	Breed & Color:			
	Sex: M/F	Age:	Altered: Yes / No	
	Dog's Name:			
	Breed & Color:			
	Sex: M/F	Age:	Altered: Yes / No	
A copy of the rabies	vaccination certificate and	l papers to show spayed female o	or neutered male dog	must be enclosed
PI	LEASE MAKE CHE	ECKS PAYABLE TO TI	HE CITY OF H	ELENA
	\$25.00 For each male	or female dog which has been ne or female dog not neutered or sp e registration after March 1 for o	payed over 6 months	of age
	AMOUNT PAID			

A kennel license will be required by any person or family owning or harboring 3 or more dogs or cats over 6 months of age