



102 North St. P.O. Box 7
Marquette, IA 52158
Phone: 563-873-3735
Email: marqcity@alpinecom.net
www.Marquettelowa.city

Dog License Application

Year of License: _____

License #: _____

Date	Pet's Name	Pet's Age	Breed

Color of Dog(circle one): spotted white black brown other_____

Describe special markings: _____

Dog is (circle one): male neutered male female neutered female

Date of most recent Rabies Vaccination: _____

Date Pet Shall be revaccinated: _____

This Dog is considered a guard dog: Yes No

Owner Information:

Name: _____ Phone No.: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Checklist: Photo of Pet is included Veterinarian certificate is attached

I HEREBY VERIFY THAT I AM THE OWNER OF THE DOG THAT IS THE SUBJECT OF THIS PET LICENSE APPLICATION.

SIGNATURE OF PET OWNER/APPLICANT REQUIRED DATE

IF APPLICANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED DATE