David Voegele

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Polly P. Helton
Director
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OLDHAM COUNTY ANIMAL CONTROL

OFFICE: 502-222-7387 FAX: 502-222-7385

Dog License Application

Date:	Current rabies tag #:			
Veterinarian who adminis	stered rab	ies vaccina	ation:	
Veterinarian's phone #:				
Your name:			Phone #:	
Address:				
City:				
Email Address:				
Your dog's name:				
Breed:				
Age:	Gender:			
Spayed or Neutered (circ	e one):	Yes	No	
Please include a stamped receive your tags.	, self-addr	ressed sta	ndard letter sized envelo	pe in order to
Make checks payable to:	Oldham C	ounty Fisc	al Court	
Cost of tags: Intact dogs a	re \$25.00	each and	spayed/neutered dogs a	re \$10.00 each.
Fill out a separate form fo	or each do	g, but one	check is permissible.	
Include your stamp Include your check Include this form fo Include a copy of y	or each do	g	cination from your veter	inarian
License expires one year f	rom date of	f purchase.	t may take a week to receive your	· license tags.

Dog Licenses are not an option. They are the law.