

# City of Golden Valley

PO Box 98  
Golden Valley, North Dakota  
701-983-4488

## Application for NEW Dog License

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: \_\_\_\_\_

Rabies Vaccination  
Date: \_\_\_\_\_

A copy of the "Animal and Fowl" ordinance for the City of Golden Valley is available upon request.  
Please include a copy of their most recent vaccination paperwork.

I consent that the information above is accurate.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date