

**KETCHIKAN GATEWAY BOROUGH
DEPARTMENT OF ANIMAL PROTECTION**

Physical Address: 1111 Stedman Street
Mailing Address: 1900 First Avenue
Ketchikan, AK 99901

Phone: 228-6660
Fax: 228-6679

DOG LICENSE APPLICATION

OWNER INFORMATION

Owner's Name: _____

Home Phone: _____ Alt. (Work/Cell) Phone: _____

Physical Address: _____

Mailing Address: _____

I certify that I do own the animal(s) described below:

Owner's Signature: _____ Date: _____

	Dog #1		Dog #2		Dog #3	
Name						
Breed						
Color(s)						
Age						
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed
Rabies Vaccination Info *	Tag # _____ Date Given ___/___/___ Exp. Date ___/___/___ Vaccination administered at: <input type="checkbox"/> Ketchikan Veterinary Clinic <input type="checkbox"/> Other (attach photocopy of valid rabies certificate or health certificate)	Tag # _____ Date Given ___/___/___ Exp. Date ___/___/___ Vaccination administered at: <input type="checkbox"/> Ketchikan Veterinary Clinic <input type="checkbox"/> Other (attach photocopy of valid rabies certificate or health certificate)	Tag # _____ Date Given ___/___/___ Exp. Date ___/___/___ Vaccination administered at: <input type="checkbox"/> Ketchikan Veterinary Clinic <input type="checkbox"/> Other (attach photocopy of valid rabies certificate or health certificate)	Tag # _____ Date Given ___/___/___ Exp. Date ___/___/___ Vaccination administered at: <input type="checkbox"/> Ketchikan Veterinary Clinic <input type="checkbox"/> Other (attach photocopy of valid rabies certificate or health certificate)	Tag # _____ Date Given ___/___/___ Exp. Date ___/___/___ Vaccination administered at: <input type="checkbox"/> Ketchikan Veterinary Clinic <input type="checkbox"/> Other (attach photocopy of valid rabies certificate or health certificate)	Tag # _____ Date Given ___/___/___ Exp. Date ___/___/___ Vaccination administered at: <input type="checkbox"/> Ketchikan Veterinary Clinic <input type="checkbox"/> Other (attach photocopy of valid rabies certificate or health certificate)
IMPORTANT NOTE: If valid proof of rabies vaccination is not provided, a rabies voucher must be purchased at the time the dog license is issued (redeemable at Ketchikan Veterinary Clinic).						
Previous KGB Dog License?	<input type="checkbox"/> No Year _____ <input type="checkbox"/> Yes Lic. # _____	<input type="checkbox"/> No Year _____ <input type="checkbox"/> Yes Lic. # _____	<input type="checkbox"/> No Year _____ <input type="checkbox"/> Yes Lic. # _____	<input type="checkbox"/> No Year _____ <input type="checkbox"/> Yes Lic. # _____	<input type="checkbox"/> No Year _____ <input type="checkbox"/> Yes Lic. # _____	<input type="checkbox"/> No Year _____ <input type="checkbox"/> Yes Lic. # _____
Microchip # (if applicable)						

* Rabies vaccination is required by state law and borough ordinance for all dogs and cats over the age of 4 months. Vaccination must be administered by a licensed veterinarian. The initial vaccination is valid for 1 year, and boosters are valid for 3 years.

Dog License Fees:

Spayed/Neutered Dogs \$15 Unspayed or Unneutered Dogs \$40
Duplicate License \$5 Ownership Transfer \$5 Rabies Voucher \$25
Senior Citizens are eligible for up to 1 free dog license each year.