

**DOG LICENSE FORM 2024**  
**RETURN** this **FORM** to the **Boyd Clerk's Office**  
Whether you **DO** or **DO NOT HAVE A DOG**

Name \_\_\_\_\_

**Office Use Only**

Street Address \_\_\_\_\_

Tag ID # \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

License Fee \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Late Fee \_\_\_\_\_

Total Paid \_\_\_\_\_

Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Cash or Check # \_\_\_\_\_

\_\_\_\_ **NO, I DO NOT** have a dog on my property

\_\_\_\_ **YES**, I do have a dog(s) on my property and my dog(s) have been vaccinated against rabies

**1. Name of Dog** \_\_\_\_\_

**2. Name of Dog** \_\_\_\_\_

Male                       Female

Male                       Female

Neutered                 Spayed

Neutered                 Spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Vaccinated against rabies on \_\_\_\_/\_\_\_\_/ **20** \_\_\_\_

Vaccinated against rabies on \_\_\_\_/\_\_\_\_/ **20** \_\_\_\_

Vaccination expiration date \_\_\_\_/\_\_\_\_/ **20** \_\_\_\_

Vaccination expiration date \_\_\_\_/\_\_\_\_/ **20** \_\_\_\_

Name of Vet Clinic \_\_\_\_\_

Name of Vet Clinic \_\_\_\_\_

**3. Name of Dog** \_\_\_\_\_

Male                       Female

Neutered                 Spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_

Vaccinated against rabies on \_\_\_\_ / \_\_\_\_ / **20** \_\_\_\_

Vaccination expiration date \_\_\_\_ / \_\_\_\_ / **20** \_\_\_\_

Name of Vet Clinic \_\_\_\_\_

**FEE: Dog Neutered or Spayed --\$15.00**  
**Dog NOT Neutered or Spayed -- \$20.00**

**Online Pay: [www.AllPaid.com](http://www.AllPaid.com)**  
**Form is Available on Village of Boyd Website**  
**Form must be Completed and Returned to**  
**Clerk's Office before Tags will be issued**

**After March 31 – Late Fee \$5.00 per Dog**  
Cash or Check payable to: **Village of Boyd**