



300 E Maple St
Columbus, KS 66725
Phone: (620) 429-2159
Fax: (620) 429-1159

DOG LICENSE

Date City Tag Number

Owner

Address

Phone Number Dog's Name

Breed Color

Check One: Male Female

Any Other Noticable Characteristics

Rabies Vaccination Tag Number Date of Vaccination

Name of Veterinarian Who Gave Shot Veterinarian Address

Vaccination Serial Number

ADOPTION

Adoption Date Adoption Fees

On this date the animal control officer for the City of Columbus, KS does hereby release the above mentioned dog to _____ for adoption, K.S.A. 47-1701 states all dogs we be sterilized when released for adoption. By signing this form, he or she is agreeing to sterilize their new pet at their own expense.

Adoptor Signature Animal Control Officer Signature