

Charlton Kennel License Application

Name: _____

Address: _____

Phone: _____

Mailing Address (if different): _____

	NAME OF DOG	BREED	COLOR	AGE	GENDER	SPAYED/ NEUTERED	RABIES EXPIRATION
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

All information must be completed before license will be issued. Rabies certificates must accompany applications.

Notification to Charlton Animal Control must be made for any and all changes in the number of dogs.