



414 Main Street  
P.O. Box 1130  
Clayton, DE 19938-1130  
Phone: 302-653-8419 Fax: 302-653-2017

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## REGISTRATION & LICENSING OF DOGS

Name of Dog \_\_\_\_\_ Age \_\_\_\_\_

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

Owner of Dog \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

State of Delaware Dog License Number \_\_\_\_\_

Date of Registration of State License \_\_\_\_\_

**You must show a copy of your dog license from the State of Delaware for the current calendar year.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date