

# Town of Cashion Dog Tag Application

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address (if different than physical)

\_\_\_\_\_  
Pet Name:

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Color

\_\_\_\_\_  
Sex

Yes / NO

Spayed/Neutered

\_\_\_\_\_  
Scars/Distinguishing Marks and/or Comments.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

To Be Completed by Town Clerk

\_\_\_\_\_  
Tag Number / Date

\_\_\_\_\_  
Rabies Exp Date

\_\_\_\_\_  
Town Clerk Signature

Tag Renewal Date	