

Owner # (City Use)	Dog's Name	Breed	Color	Male/Female	Neuter/Spay

Phone 1	Phone 2	Rabies Expiration Date (City Use)	License Expiration Date (City Use)	License Fee (City Use)

Owner's Name and Address:

CITY OF LIVERMORE
ATTN: DOG LICENSE DEPARTMENT
1052 S. LIVERMORE AVE
LIVERMORE, CA 94550
(925) 960-4315
doglicense@cityoflivermore.net

License Tag # (City Use): _____

Owner # (City Use)	Dog's Name	Breed	Color	Male/Female	Neuter/Spay

Phone 1	Phone 2	Rabies Expiration Date (City Use)	License Expiration Date (City Use)	License Fee (City Use)

Owner's Name and Address:

CITY OF LIVERMORE
ATTN: DOG LICENSE DEPARTMENT
1052 S. LIVERMORE AVE
LIVERMORE, CA 94550
(925) 960-4315
doglicense@cityoflivermore.net

License Tag # (City Use): _____