Village of Alvo

## 2025 Pet License Application \$15 Dog License Fee

| OWNER(S):                                                                                                                                                                                    |                                                    |                                   |                                              |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|----------------------------------------------|----------------------------------|
| Owner is defined as anyone who owns, keeps, harbors, or h                                                                                                                                    |                                                    |                                   | nce Chapter 6 Article 1.                     |                                  |
| Street and Mailing Address:                                                                                                                                                                  |                                                    |                                   |                                              |                                  |
| Phone Numbers:                                                                                                                                                                               |                                                    |                                   |                                              |                                  |
| Email:                                                                                                                                                                                       |                                                    |                                   |                                              |                                  |
| Pet Breed: Color(s):                                                                                                                                                                         |                                                    |                                   |                                              |                                  |
| Name of Pet:                                                                                                                                                                                 |                                                    | Age:                              | _                                            |                                  |
| Gender: MALE FEMALE                                                                                                                                                                          | Neutered                                           | Spayed                            | _                                            |                                  |
| Rabies Vaccination Date:                                                                                                                                                                     | Veterinariar                                       | 1                                 |                                              |                                  |
| Go to Alvo.gov to pay online, pay in the in the drop box in the vestibule of the vill hours (Saturdays 8:30-12:30) the tag w received. If you want to pay online, villageofalvo@outlook.com. | lage hall. If you do not<br>vill be mailed along w | want to stop ir<br>vith your next | to pick up your tag outility bill after payr | during business<br>ment has been |
| A COPY OF YOUR RABIES VACCINATION                                                                                                                                                            | MUST BE INCLUDED A                                 | AND BE UP TO                      | DATE.                                        |                                  |
| Please drop off or email us a photo of y favorite photo to villageofalvo@outlook                                                                                                             | •                                                  | rted lost, we c                   | an help to identify it                       | . Send us your                   |
| **By licensing your pet within the Village o article 1, which can be found on our websit                                                                                                     | •                                                  | •                                 | orth in Alvo municipa                        | l code chapter 6                 |
| I declare that I have examined this application I am duly authorized to sign this application                                                                                                |                                                    | of my knowledg                    | ge and belief, it is true                    | and correct and                  |
| Pet Owner Signature:                                                                                                                                                                         |                                                    | Da                                | te:                                          |                                  |
| This license expires: 12/31/2025                                                                                                                                                             |                                                    |                                   |                                              |                                  |
| FOR OFFICE USE ONLY:                                                                                                                                                                         |                                                    |                                   |                                              |                                  |
| License #:                                                                                                                                                                                   |                                                    |                                   |                                              |                                  |
| Received Payment On Date:                                                                                                                                                                    |                                                    |                                   |                                              |                                  |

Copy of Rabies vaccination provided: YES NO (CIRCLE ONE)