



CITY OF ATHENA

302 E Currant Street
PO Box 686
Athena, OR 97813
Telephone (541) 566-3862
Fax (541) 566-2781
www.cityofathena.com

Dog License Application

Owners Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address (if different): _____

Dog Name: _____ Breed: _____ Color: _____

Rabies Tag #: _____

Microchip #: _____ Sex: _____ Neutered/Spayed: _____

Rabies Vaccination Date (copy of vaccine record required by law): _____

Fee: \$25 (\$12 if neutered/spayed)

Office Use:

License Tag Number: _____ Payment: _____

Date Issued: _____

Date Renewed: _____

Date Renewed: _____

Date Renewed: _____

Date Renewed: _____