



**CITY OF NEWPORT, RHODE ISLAND
DOG LICENSE
2023**

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ HOME _____ CELL _____

DOGS NAME: _____ M/F: _____

BREED: _____ COLOR: _____

SPAYED/NEUTERED: YES _____ NO _____

OWNERS SIGNATURE: _____

PLEASE DO NOT WRITE BELOW THIS LINE:

DATE: _____ FEE: _____

LICENSE#: _____ RABIES EXPIRATION: _____

VETERINARIAN: _____

TELEPHONE: _____

To keep the above-described dog, through and including the **30th day of April, 2024**. Future licenses must be obtained in April of each successive year hereafter.

LAURA C. SWISTAK, CMC
CITY CLERK