



**APPLICATION FORM FOR DOG/CAT LICENSE
GARRETT COUNTY MARYLAND
JULY 1, 2011 TO JUNE 30, 2012
JULY 1, 2011 TO JUNE 30, 2014**



In accordance with Article 24, Section 11-501 of the Annotated Code of Maryland (1957 Edition) as amended. A 50% penalty fee is imposed on all licenses not renewed or acquired by August 1st of each year.

FEES:	1 YEAR	3 YEAR	PENALTY after August 1st:	
			1 YEAR	3 YEAR
Male/Female Dog/Cat	\$15.00	\$45.00	\$22.50	\$67.50
Spayed/Neutered Dog /Cat	\$ 3.00	\$ 9.00	\$4.50	\$13.50

****Exceptions: Newly Acquired Dogs/ Cats**

PLEASE PRINT

Owners Name: _____

Address: _____

_____ Phone #: (301) _____

IMPORTANT

Dog's/Cat's Name: _____

Sex: Male or Female (Circle One) If Spayed or Neutered (Circle One)

Breed: _____ Color/Markings: _____

Rabies Tag Number: _____ Rabies Expiration Date: _____

If Mailing Please Attach a Copy of Valid Rabies Certificate. Absolutely No Dog License Issued Without a Valid Rabies Certificate Number. If Spayed/Neutered, Attach Copy of Certificate.

❖ For Multiple Dogs Use Back Page (*Tag # on back page is For Office Use Only*)

SIGNATURE _____

❖ **NOTE: Please return completed form to the Animal Shelter Personnel at the Rabies Clinic or the Personnel at the Casselman Veterinary Hospital, so a dog license can be issued.**

Mail To: Garrett County Animal Shelter
152 Oakland Sang Run Road
Oakland, Maryland 21550
Phone: 301-334-3553

OR

Garrett County Tax Collection Office
203 South 4th St. Room 107-A
Oakland, Maryland 21550
Phone: 301-334-1965

**Make Checks Payable To: Garrett County Commissioners
* Do Not Send Cash As We Will Not Be Responsible For Same ***

FOR OFFICE USE ONLY

Tag Number _____

Fee _____

Date of Issue _____

Issuing Agent _____

Dog's Name: _____ Tag # _____

Male or Female (Circle One) If Spayed or Neutered (Circle One)

Breed: _____ Color/Markings: _____

Rabies Tag Number: _____ Rabies Expiration Date: _____

Dog's Name: _____ Tag # _____

Male or Female (Circle One) If Spayed or Neutered (Circle One)

Breed: _____ Color/Markings: _____

Rabies Tag Number: _____ Rabies Expiration Date: _____

Dog's Name: _____ Tag # _____

Male or Female (Circle One) If Spayed or Neutered (Circle One)

Breed: _____ Color/Markings: _____

Rabies Tag Number: _____ Rabies Expiration Date: _____

Dog's Name: _____ Tag # _____

Male or Female (Circle One) If Spayed or Neutered (Circle One)

Breed: _____ Color/Markings: _____

Rabies Tag Number: _____ Rabies Expiration Date: _____

Dog's Name: _____ Tag # _____

Male or Female (Circle One) If Spayed or Neutered (Circle One)

Breed: _____ Color/Markings: _____

Rabies Tag Number: _____ Rabies Expiration Date: _____

Dog's Name: _____ Tag # _____

Male or Female (Circle One) If Spayed or Neutered (Circle One)

Breed: _____ Color/Markings: _____

Rabies Tag Number: _____ Rabies Expiration Date: _____