

Permit No. _____
Date Issued: _____

Amount Pd. _____

**CITY OF COVINGTON
DOG LICENSE APPLICATION**

City of Covington dog licenses are to be purchased on or before July 1 of each year. The following information is required to issue a license to your dog (PLEASE FILL OUT COMPLETELY):

OWNER'S NAME: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP-CODE

TELEPHONE NUMBER: _____

BREED OF DOG: _____

AGE OF DOG: _____ SEX OF DOG (CHECK ONE): MALE: _____ FEMALE: _____

DOG'S NAME: _____ COLOR: _____

SPAYED OR NEUTERED YES: _____ NO: _____ (WRITTEN VERIFICATION FROM VETERINARIAN NEEDED)

ADDRESS WHERE DOG IS KEPT (IF DIFFERENT FROM OWNER'S ADDRESS): _____

**COST OF LICENSE: \$5.00 if you have written verification that the dog has been spayed or neutered.
\$10.00 without verification that the dog has been spayed or neutered.**

NOTICE: A dog license cannot be issued without written verification of rabies vaccination from a licensed veterinarian

I, the undersigned, agree to comply with requirements of Chapter 90 of the Covington Code of Ordinances in keeping and maintaining my dog within the City of Covington.

OWNER'S SIGNATURE: _____

**TO PURCHASE YOUR CITY OF COVINGTON DOG LICENSE THROUGH THE MAIL:
PLEASE SEND WRITTEN VERIFICATION FROM A LICENSED VETERINARIAN THAT THE DOG HAS BEEN SPAYED OR NEUTERED AND VACCINATED FOR RABIES, A STAMPED, SELF-ADDRESSED ENVELOPE, ALONG WITH THIS APPLICATION AND PAYMENT TO:**

**CITY OF COVINGTON
FINANCE DEPARTMENT
ATTN: DOG LICENSE
638 MADISON AVENUE
COVINGTON, KY 41011**

FOR ADDITIONAL INFORMATION OR ASSISTANCE PLEASE CALL THE FINANCE DEPARTMENT AT 859-292-2181 OR THE ANIMAL CONTROL OFFICER AT 859-292-2292.