



Town of New Castle  
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New Castle, CO 81647

Administration Department  
(970) 984-2311  
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[www.newcastlecolorado.org](http://www.newcastlecolorado.org)

## DOG LICENSE APPLICATION

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(if different from mailing address)

Phone Number: \_\_\_\_\_  
Home                      Work                      Cell                      Other

\*E-mail Address: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

Breed: \_\_\_\_\_

Markings: \_\_\_\_\_

	License Fee (per calendar year)
<input type="checkbox"/> Male - Neutered	\$10.00
<input type="checkbox"/> Unneutered Male	\$25.00
<input type="checkbox"/> Female - Spayed	\$10.00
<input type="checkbox"/> Un Spayed Female	\$25.00

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Veterinarian's Phone Number: \_\_\_\_\_

Rabies Tag Number: \_\_\_\_\_ Rabies Vaccination Expires (date): \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Mail this form with **proof of current rabies vaccination certificate** and the appropriate license fee. We will mail your license to you. Please submit a photo for the file and we will mail it back to you along with your tag.