

Tag# _____
Issue Date _____
Receipt # _____
Amount _____

**CITY OF BASTROP
APPLICATION FOR ANIMAL LICENSE**

Owner Name: _____ DOB _____ SSN# _____

Physical Address: _____ City: _____

Mailing Address (if different): _____ City: _____

Phone Numbers: (Home) _____ (Cell): _____

Animal Registering: Dog _____ Breed: _____

Color(s): _____ Animal's Name: _____

Is Animal: Spayed _____ Neutered _____ Unaltered: _____

Vet or Clinic: _____ City: _____

Date of Last Rabies Vaccination: _____ Tag # _____ Exp. Date _____

Total number of animals that will be kept on property listed above: _____

_____(Initial) I agree to keep current the Rabies Vaccine for my animal as **REQUIRED BY TEXAS STATE LAW**. The Rabies Vaccine is good for three (3) years from date administered.

_____(Initial) I agree never to chain or tether my dog unless I remain in visual proximity to the dog (s) at all times.

_____(Initial) I agree to register my dog once a year unless I qualify for a lifetime license.

_____(Initial) I agree to insure my dog will always wear a collar with the Bastrop City License Tag and the Rabies Vaccine Tag affixed to it.

_____(Initial) I agree not to have more than (6) animals per household.

_____(Initial) I agree to comply will all City Ordinances regarding proper care of my animals.

Signature of Owner: _____ Date: _____

Approved by Staff: _____ Date: _____

Fees for Registration: \$5.00 Lifetime fee if dog is Altered, \$0 Lifetime fee if 65 YOA or older if dog Altered, \$25.00 Annual fee if dog Unaltered, \$25.00 Annual fee if 65 YOA or older if dog is Unaltered

MUST provide copy of Drivers License or State ID, Rabies Vaccination Certificate and proof of Spay or Neuter