



City of Echo Dog License Application/License

It is time to renew your dog's license for the upcoming year. The City of Echo requires that all dogs kept in the City, and over the age of six months, be licensed. For your convenience the application form is provided below, or come in and apply in person at City Hall weekdays between 9 am and 4:30 pm. If you have questions, call city hall @ 541-376-8411.

Proof of current rabies vaccinations for your dogs must be provided or on file before a license can be issued. For each month after March 1 you delay obtaining a license the fee is increased by \$10. New residents or those with new dogs will pay a pro-rated fee, if the dog is licensed within two weeks of obtaining it, its reaching 6 months of age or your moving to town.

Instructions: For each dog, mail or bring in the Rabies Certificate, the completed application form and the total due to the City of Echo, PO Box 9, 20 S. Bonanza, Echo, OR 97826. Proof of spaying or neutering must be on file to receive the discount.

(please print or type)

***** Veterinarian/
Clinic _____ Phone # _____ **YEAR** _____

Owner's Name: _____ Phone # _____

PO Box Number _____ City: _____ Street Address: _____

Dog's Name _____ Breed: _____ Color: _____

Age: _____ Sex: Male Female Unaltered Neutered Spayed
(please circle one)

Date of Rabies Shot: _____ 1 yr or 3 yr Expiration: _____ Tag # _____

Dog's Name _____ Breed: _____ Color: _____

Age: _____ Sex: Male Female Unaltered Neutered Spayed
(please circle one)

Date of Rabies Shot: _____ 1 yr or 3 yr Expiration: _____ Tag # _____

Dog's Name _____ Breed: _____ Color: _____

Age: _____ Sex: Male Female Unaltered Neutered Spayed
(please circle one)

Date of Rabies Shot: _____ 1 yr or 3 yr Expiration: _____ Tag # _____

Total Number of Dogs: _____ x \$4 (spayed or neutered) = \$ _____ **LICENSE EXPIRES DECEMBER 31.**

Total Number of Dogs: _____ x \$12 (unaltered) = \$ _____

Penalty: Number of months late: _____ x \$10 x _____ no. of dogs = \$ _____
(beginning with March)

Total Amount Due: \$ _____

THE DOG TAG SHALL BE SECURELY ATTACHED AROUND THE DOG'S NECK AT ALL TIMES.

(FOR CITY USE ONLY)

Tag Numbers issued: _____ Date: _____

Receipt # _____ Approved by: _____