



# TOWN OF COLORADO CITY

PO Box 70 \* Colorado City, AZ 86021  
Phone & TTD: 928-875-2646 \* Fax: 928-875-2778

## DOG LICENSE APPLICATION/ ANIMAL RELEASE

Dog License Application \_\_\_\_\_

Animal Impound Release \_\_\_\_\_

1

Owner: \_\_\_\_\_

\*Owner Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

License/ Release Date: \_\_\_\_\_

Impound Date: \_\_\_\_\_

Animal Impounded: \_\_\_\_\_

CAD Number: \_\_\_\_\_

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**Dog Information**

Name: \_\_\_\_\_

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

Color: \_\_\_\_\_

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

Gender: \_\_\_\_\_

### IMPOUND RELEASE FEES

Impound Fee: \_\_\_\_\_

Animal Housing Fee: \_\_\_\_\_

License Fee (\$10): \_\_\_\_\_

Vaccination Deposit (\$40): \_\_\_\_\_

Total Amount Due Today

Receipt Number: \_\_\_\_\_

I accept full responsibility of the above named animal. I agree to abide by the Town Animal Code, Title IX, Chapter 90 (www.tocc.us). I understand the Town of Colorado City will not be held liable for disturbances, illness, public nuisance, hazard, or any condition or incident caused by this animal. I further acknowledge that **if my animal is not licensed within the required time frame, I will forfeit my vaccination deposit and be given a citation for failure to comply.**

### NOTE:

All fees are set by the Town of Colorado City Council and can not be changed or waived unless directed by them. Fees are required prior to release of any animal. If impounded again, fees are increased based on number of impounds the animal has on record.

\_\_\_\_\_  
Owner's Signature

OFFICE USE ONLY

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Verification Date: \_\_\_\_\_  
(Within 30 days of release)

NOTE: Refunds will be made payable to the person listed as "Owner" and mailed to the address stated in box 1.

Tag/ License Number: \_\_\_\_\_  
\*\*License expires the same date as the vaccinations.

Vaccination Date: \_\_\_\_\_

Expiration: \_\_\_\_\_

Verified By: \_\_\_\_\_

Vaccination Deposit Refund Authorized by: \_\_\_\_\_