Administration Department
(970) 984-2311
Fax: (970) 984-2716
www.newcastlecolorado.org

Town of New Castle
PO Box 90
450 W. Main Street
New Castle, CO 81647

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 year)
☐ Male - Neutered	$7.00
☐ Unneutered Male	$18.00
☐ Female - Spayed	$7.00
☐ Unspayed Female	$18.00

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 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.