

SOUTH FAYETTE TOWNSHIP

DOG RUN FREE ZONE TAG APPLICATION

APPLICATION NUMBER _____

DATE ISSUED _____

ONE-TIME APPLICATION FEE	
Resident <65 Years Old \$20	Resident > Years Old \$10
Non-resident \$50	
ANNUAL RENEWAL TAG	
Resident <65 Years Old \$10	Resident > Years Old \$5
Non-resident \$25	
NAME OF OWNER	
ADDRESS	
CITY	STATE
ZIP CODE	E-MAIL
TELEPHONE	CELL PHONE
DOG #1	
Name of Dog _____ Breed _____ Sex _____	
Weight (lbs.) _____ Color _____ Spayed/Neutered _____ Age _____	
Dog Tag License # _____ Expiration date ____/____/____	
Rabies # _____ Expiration date ____/____/____	
DOG #2	
Name of Dog _____ Breed _____ Sex _____	
Weight (lbs.) _____ Color _____ Spayed/Neutered _____ Age _____	
Dog Tag License # _____ Expiration date ____/____/____	
Rabies # _____ Expiration date ____/____/____	
DOG #3	
Name of Dog _____ Breed _____ Sex _____	
Weight (lbs.) _____ Color _____ Spayed/Neutered _____ Age _____	
Dog Tag License # _____ Expiration date ____/____/____	
Rabies # _____ Expiration date ____/____/____	
Veterinarian Name	
Address	
Phone Number	