

Fee(s): \$ _____
Date Paid: _____
By: _____
Previous Tag #: _____

City of Toquerville
212 N Toquerville Blvd., Box 27
Toquerville, UT 84774
Ph: (435) 635-1094 Fax: (435) 635-5761
www.toquerville.org



2019
Dog License and Registration

Date: _____

Owner: _____ Tag#: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____ Email: _____

Fee Code: NEW RENEWAL LATE
(Circle all that Apply)

Animal Name: _____

Breed: _____ Color: _____

Age: _____ Gender: M / F Fixed: Y / N

Markings: _____

Rabies #: _____ Date of vaccination: _____

Veterinarian: _____ Phone # _____

Note: