

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



2018
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: