

City of Soldotna Dog License Certificate

Date: _____ Tag Number: _____

Owner's Name: _____

Residence: _____

Mailing Address: _____

Phone Number: _____ (home/cell) _____ (work)

Dog's Name: _____ Breed: _____

Color: _____ Age: _____ Sex: M _____ F _____ Spayed/Neutered? Yes _____ No _____

Date of Rabies Vaccination: _____ Number: _____

Date of Distemper Vaccination: _____ Number: _____

Emergency Contact: _____ Phone: _____

City of Soldotna

Fee: _____

Proof of Rabies Vaccination is required to obtain a license certificate

The municipal 6% Sales Tax rate applies to Dog License Certificate's

An extra 3% charge will apply to credit card purchases