City of Osage Beach
1000 City Parkway
Osage Beach, MO 65065
573-302-2000 Phone
573-302-2039 Fax
www.osagebeach.org

FOR OFFICE USE ONLY

Dog Tag:_____

Issue Date: _____

DOG LICENSE APPLICATION

All Business Licenses Expire on May 31st .

Owner Name: _____ Owner Phone #: _____

Owner Street Address: _____City: _____ State:_____Zip: _____

Owner Mailing Address: _____ City: _____ State:_____Zip: _____
(If different than Street Address)

Manager/Emergency Contact:_____ Phone #:_____

Any additional information the City might need to know about your dog (example: identifying markings, if they are chipped etc.) _____

_____

_____

BREED INFORMATION

Name of Dog:_____ Sex of Dog: _____ Male _____Female

Breed:_____ Color:_____

Vaccinated: _____Yes _____No Date:_____ Vaccination #:_____

Certificate of Vaccination must accompany this application.

Applicant Signature:_____ Date:_____

Office Use Only

Fees: _____$3.00 Spayed/Neutered

_____ $6.00 Non-Spayed/Non-Neutered

_____ $1.00 Duplicate Tag