

DOG LICENSE APPLICATION – CITY OF MANASSAS

MAIL COMPLETED APPLICATIONS ALONG WITH CURRENT RABIES VACCINATION CERTIFICATE TO:

City of Manassas Treasurer PO Box 512 Manassas, VA 20110

PLEASE PRINT!!

BREED:	
COLOR:	DOG'S AGE:
MM DD	DOG'S NAME: S VACCINATION CERTIFICATE WITH APPLICATION**
	ESPONDING AMOUNT RED
OWNER'S INFORMATIO	N:
NAME:	
STREET ADDRESS:	
HOME PHONE:	
ALTERNATE PHONE:	
OFFICE USE ONLY	
TAG NUMBER:	DATE PAID:
CLERK:	AMOUND PAID:
EYDIRES DECEMBER 31	



City of Manassas Police Department Animal Control Services & Adoption Center 10039 Dean Drive Manassas, VA 20110 Phone 703/257-8009 Fax 703/257-3575