

**CITY OF BARLING
DOG LICENSE APPLICATION
P.O. BOX 23039
307 FORT STREET
BARLING, AR 72923
PHONE (479) 452-1550, FAX (479) 452-0373**

Date: _____

Owner: _____

Name: _____

Address: _____

Primary Phone: _____

Secondary Phone: _____

Email address: _____

Additional Emergency 24 HR contact

Name: _____

Phone: _____

Dog:

Name: _____

Breed: _____

Color: _____

Sex: ⇨ **Male** ⇨ Female

Spayed/neutered: ⇨ Yes ⇨ No

Vaccination verification: ⇨ Yes ⇨ No

Assigned Barling tag number: _____