



2024

**City of Warwick
Dog License Application**

****Renew annually by mail during the month of April ****

Mail rabies certificate, \$10 check & self-addressed stamped envelope to:

City Clerk's Office/Dog License- Warwick City Hall 3275 Post Road Warwick, RI 02886

Date: _____

Lic#: _____

Pursuant to the general laws of Rhode Island 1956. Title 4, chapter 13 and the City of Warwick ordinance chapter 4, a license is hereby granted to:

Last Name: _____ **First name:** _____

Address: _____ **Zip:** _____

Phone: _____ **Cell:** _____

To keep one dog until the thirtieth day of April 2025, which is duly registered in this office and is described as follows:

Breed: _____ **Age:** _____ **Years** _____ **Months**

Female

Male

altered

Color: _____

Dogs Name: _____

Rabies Exp: _____

Vet: _____