

# **Application for Pet License**

(yearly license)

\$5 spade/neutered      \$10 not spade/neutered

Please fill out application for each pet

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Pet Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Gender \_\_\_\_\_

Age \_\_\_\_\_

Vet Name \_\_\_\_\_

Rabies Tag # \_\_\_\_\_

**\*\*Please attach current copy of rabies vaccination record\*\***

By signing this application, I certify that all the information provided by me on this application is true and accurate.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only:

Date Received: \_\_\_\_\_

Cash/Check: \_\_\_\_\_

License #: \_\_\_\_\_

Expiration \_\_\_\_\_

## Animal Control

The City contracts with Sioux Falls Area Humane Society for all animal control issues.

SFAHS at 605-338-4441

All stray animals will be taken to the SFAHS.