

CITY OF FORT CALHOUN
110 SOUTH 14TH STREET
FORT CALHOUN, NE 68023
PHONE: 402-468-5303 FAX: 402-468-5399
ftcalhouncityhall@huntel.net
www.fortcalhoun.org

2010 DOG LICENSE APPLICATION

EXPIRES 5-1-2010

NAME: _____ DATE: _____

ADDRESS: _____

NAME OF ANIMAL: _____

MARKING/COLOR: _____

FEE: \$4.00 _____ (Unaltered)
\$2.00 _____ (Spayed or Neutered)

Male _____ Female _____

Breed:

Boxer Chihuahua Chow Collie Dachshund

Great Dane Hound Mixed Breed Pekingese

Poodle Setter Shepherd Spaniel Terrier

Other _____

DATE OF LAST RABIES VACINATION: _____ EXP: _____

THIS AREA FOR CITY HALL STAFF ONLY

Date Request Received: _____

Request Made By:

Phone: _____ **Walk-in:** _____ **Fax:** _____ **Mail:** _____

Tag Number: _____

Tags: Mailed _____ **Taken:** _____