

CITY OF FORT CALHOUN

110 SOUTH 14TH STREET
FORT CALHOUN, NE 68023
PHONE: 402-468-5303 FAX: 402-468-5399
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www.fortcalhoun.org

PET LICENSE APPLICATION

DATE: _____

OWNER NAME: _____

STREET ADDRESS: _____ Phone #: (____) _____ - _____

Dog	MALE	FEMALE	Breed	Name	Color/Marking	Date of Vaccination

PER PET FEE

(Jan. 1st TO Jan. 31st): \$5.00 (Unaltered) \$3.00 (Spayed or Neutered)

(Feb. 1st TO Dec. 31st): \$10.00 (Unaltered/Spayed or Neutered)

Lost Tag Fee: \$2.00 (each)

THIS AREA FOR CITY HALL STAFF ONLY

Application Taken By: ____ (Initials)

Cash: _____

Check #: _____

Receipt #: _____

Request Made By:

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

Tag Number(s): _____

Tags Mailed Date: _____