

# CITY OF FORT CALHOUN

110 SOUTH 14<sup>TH</sup> 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. 1<sup>st</sup> TO Jan. 31<sup>st</sup>): \$10.00 (Unaltered) \$5.00 (Spayed or Neutered)

(Feb. 1<sup>st</sup> TO Dec. 31<sup>st</sup>): \$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: \_\_\_\_\_