

APPLICATION FOR CITY OF DELL RAPIDS ANIMAL LICENSE

PLEASE PRINT

I hereby make application for a license to keep, maintain, or have in my custody or control, the below described animal(s):

Owners Name: _____ Phone: _____

Address: _____

Cat or Dog - License # _____

Pet's Name _____ Breed _____

Color _____ Sex _____ Distinguishing markings _____

Is this animal spayed or neutered? _____

Place of rabies vaccination _____

I hereby declare this animal has a current rabies vaccination and has no vicious tendencies.

Signed _____

Cat or Dog – License # _____

Pet's Name _____ Breed _____

Color _____ Sex _____ Distinguishing marks _____

Is this animal spayed or neutered? _____

Place of rabies vaccination _____

I hereby declare this animal has a current rabies vaccination and has no vicious tendencies.

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