city of hampton
EST. 1870

PET LICENSE APPLICATION

DATE LICENSE ISSUED: **LICENSE EXPIRES:**

NAME OF OWNER(S):

ADDRESS:

TELEPHONE #(S):

DOG'S NAME: **DOG'S AGE:**

BREED: **COLOR:**

OTHER: ***FEE: WAIVED PER RESOLUTION 2025-21***

MALE or **FEMALE** **NEUTERED/SPAYED: YES /NO** **MICROCHIP: YES/NO**

CERTIFICATE OF RABIES VACCINATION

Copy of the pet's current valid Rabies Vaccination Certificate must be provided.
[If vaccination expires within 6 months of licensing date, certificate of re-vaccination must be supplied to maintain licensing.]

VACCINATION DATE:

EXPIRATION DATE:

NAME OF VETERINARIAN:

I hereby certify that the above information is correct and that I will comply with all the laws and ordinances of the City of Hampton that pertain to and govern Dog Licensing of Hampton, Iowa.

TAG #:

Signature of Owner

LICENSING RENEWAL IS REQUIRED ANNUALLY.