CITY OF HAMPTON
PET LICENSE APPLICATION

DATE:	RECEIPT #:	RENEWAL DATE(S)/RECEIPT #(S):	

NAME OF OWNER(S):

ADDRESS:

TELEPHONE #(S):

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

BREED: **COLOR:**

OTHER: **FEE: $** **LATE FEE: $1 YES / NO**

MALE or **FEMALE** **NEUTERED/SPAYED: YES ($5.00) / NO ($8.00)**

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.