

**DEPARTMENT OF PUBLIC HEALTH
ANIMAL CONTROL DIVISION
2821 S. 15th Street
Council Bluffs, IA 51501**

DOG LICENSE APPLICATION

Animal's Name	Breed	Color

Name of Veterinarian	Rabies Certificate Number	Vaccination Date	Vaccination Exp. Date

Owner _____

Address _____

Social Sec.# _____ Telephone # _____

Work or alternate telephone number _____

_____ Female\$25.00

_____ Spayed \$10.00

_____ Male\$25.00

_____ Neutered \$10.00

_____ Penalty (on/after February 15th).... \$15.00

Proof of Vaccination Must Be Presented

CAT LICENSE APPLICATION

Animal's Name	Breed	Color

Name of Veterinarian	Rabies Certificate Number	Vaccination Date	Vaccination Exp. Date

Owner _____

Address _____

Social Sec.# _____ Telephone # _____

Work or alternate telephone number _____

_____ Female\$18.00

_____ Spayed \$7.00

_____ Male\$18.00

_____ Neutered \$7.00

_____ Penalty (on/after March 15th).... \$15.00

Proof of Vaccination Must Be Presented