

VILLAGE OF ELMWOOD
P.O. BOX 62
ELMWOOD, NE 68349
402-994-6705

2017 PET LICENSE APPLICATION

OWNER: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact/Phone: _____

Pet Breed: _____ Color: _____

Name: _____ Approximate Age: _____

Check Gender: Male: _____ Female: _____

Check if Applicable: Neutered: _____ Spayed: _____

Rabies Date: _____ Veterinarian: _____

Under penalties of law, I declare that I have examined this application and that to the best of my knowledge and belief, it is true and correct, and that I am duly authorized to sign this application.

Signature: _____ Date: _____

Pet Owner

License No: _____ *This License Expires May 1, 2018

Received Payment of \$ _____

_____ Date: _____

Village Official