

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

## 2018 PET LICENSE APPLICATION

OWNER: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Pet Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Name: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

Select Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Select 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, 2019

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For Office Use Only

Received Payment of \$ \_\_\_\_\_

Date Rcvd: \_\_\_\_\_ Misc: \_\_\_\_\_ Entered: \_\_\_\_\_