

CITY OF LE MARS

PET REGISTRATION

FEE / DOG: \$10.00 One (1) Year License
\$16.00 Two (2) Year License (Second Year Tag Issued)

DATE: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE NUMBER:

HOME: _____

CELL: _____

PET NAME: _____

PET COLOR: _____

PET BREED: _____

PET SEX: _____ MALE _____ FEMALE

SPAYED/NEUTERED: _____ YES _____ NO

CHIP REGISTRATION #: _____ CHIP MFG. NAME: _____

VET CLINIC: _____

**Please check with your Vet to keep shots up to date.

RABIES VACCINATION: _____ YES _____ NO

TAG #: _____

PAID: \$ _____

SUBMIT TO: CITY OF LE MARS . 40 CENTRAL AVE SE . LE MARS, IA 51031

****TAG(S) WILL BE MAILED TO THE ADDRESS ABOVE****