

**ANIMAL LICENSE FORM**

You may (renew/apply for) your animal's license at our office Monday - Friday from 10:30 AM to 5:30 PM and Saturday 10:30 AM to 3:00 PM. You may also renew/apply for your animal's license by mail. (Please mail to: 3910 Napoleon Ln, Iowa City, IA 52240.)

**Please Check One:** (Apply for New License) \_\_\_\_\_ (Renew Existing License) \_\_\_\_\_

<b>License Tag:</b> _____		<b>Due Date:</b> ___/___/___	
<b><u>NAME</u></b>	<b><u>ANIMAL DESCRIPTION</u></b>		
<b><u>RESIDENCE</u></b>	<b>Animal Name</b> _____		<b>Animal Type</b> Cat / Dog
	<b>Breed</b> _____		
	<b>Looks Most Like</b> _____		
<b><u>RESIDENCE TELEPHONE NO.</u></b>	<b>D.O.B</b> _____	<b>Sex</b> M / F	<b>Spayed/Neutered</b> Yes / No
<b><u>EMERGENCY TELEPHONE NO.</u></b>	<b>Color</b>		
	<b>Dominant</b> _____	<b>Secondary</b> _____	<b>Third</b> _____
<b><u>RENEWAL TERMS</u></b>	<b><u>OTHER</u></b> (Choose all that Apply)		
<input type="checkbox"/> 1 yr. - License Fee: (Amt Due: Annual License Fee)	<input type="checkbox"/> This animal is now deceased.		
<input type="checkbox"/> 2 yr. - License Fee: (Amt Due: 2x's Annual License Fee)	<input type="checkbox"/> I no longer own this animal.		
<input type="checkbox"/> 3 yr. - License Fee: (Amt Due: 3x's Annual License Fee)	<input type="checkbox"/> Please update my address		
<input type="checkbox"/> I am renewing at reduced rate.	<input type="checkbox"/> I would like to license a new animal..		
	<input type="checkbox"/> I would like to request new tags be sent out.		
<i>**** Please Note: License Renewal Term may not extend past your Rabies Expiration Date.</i>			
<b><u>Credit Card Information</u></b>			<b><u>OWNER MUST PROVIDE PROOF OF:</u></b>
Expiration Date : ___/___ (mmyy)	Credit Card Number: _____ - _____ - _____ - _____		<input type="checkbox"/> <b>RABIES VACCINATION</b>
Name on card: _____	Signature: _____		<input type="checkbox"/> <b>SURGICAL STERILIZATION</b>
			<input type="checkbox"/> <b>CERTIFIED ANIMAL ASSISTANT</b>
			<b>TAG EXPIRATION DATE</b> ___/___/___
			<b>RABIES EXPIRATION DATE</b> ___/___/___
			<b><u>Amount Enclosed</u></b>
			License Fee:\$ _____
			Donation Amt:\$ _____

\*\*\*\* Please make the check payable to: City of Iowa City \*\*\*\*

\*\*\*\* Please Note: A late fee will be assessed if payment is not received by the due date.

**ANIMAL LICENSE TAG**

Animal License Tags shall be affixed to a collar or harness, and must be worn by the animal at all times when off the owners premises. If you find an animal with a City of Iowa City or Coralville Tag, please telephone your local Animal Services Center for information on reuniting the lost animal with its owner. We are located at 3910 Napoleon Ln, Iowa City, IA 52240.

**BE A RESPONSIBLE PET OWNER**

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|---|---|
| <ol style="list-style-type: none"> <li>1. LICENSE YOUR DOG/CAT</li> <li>2. HAVE YOUR ANIMAL SPAYED OR NEUTERED</li> <li>3. VACCINATE YOUR ANIMAL AGAINST RABIES AND OTHER DISEASES</li> </ol> | <ol style="list-style-type: none"> <li>4. KEEP YOUR ANIMAL ON A LEASH</li> <li>5. TRAIN YOUR DOG NOT TO BARK EXCESSIVELY</li> <li>6. OBEDIENCE TRAIN YOUR DOG</li> <li>7. CLEAN UP AFTER YOUR ANIMAL</li> </ol> |
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**Annual License Fees**

- The animal licensing fees are as follows:
- \* Altered: \$10.00 per year Iowa City and Coralville residence
  - \* Unaltered: \$40.00 per year Iowa City residence
  - \* Temporary: \$5.00 for young animals under 4 months of age

Please contact our office immediately if you have moved or no longer have your animal.