





City of Crescent Animal Control

Dog/Cat License Application

PLEASE READ THE FOLLOWING CAREFULLY

If you live in the city limits of Crescent, IA and you own, keep, or harbor one or more dogs, or 3 cats six or more months of age you are required to license them. City of Crescent dog/cat licenses are due yearly and expire on December 31, with a penalty being assessed after February 14th. To purchase a new dog/cat license you will need the following, along with your completed application:

-  **The appropriate license fee - Please make checks payable to: City of Crescent**
-  **Proof of current rabies vaccination for each dog/cat**
-  **Proof of spay/neuter (if applicable)**
-  **If mailing Please include self-addressed stamped envelope or IT WILL NOT BE RETURNED.**

* **RENEWING YOUR DOG/CAT LICENSE:** If your dog/cat Rabies vaccination does not expire within 30 days of our office receiving this application, you do not need to resubmit the vaccination information.

Please complete the application on the reverse side and send your application or stop by the following location:

Crescent City Clerk's Office
102 W Florence
Crescent, Iowa 51526
Ph. 545-3981
Hours 8:00 am – 2:00 pm M-F

CITY DOG LICENSE FEE

Male or Female

Intact	\$30.00
Neutered / Spayed	\$15.00

CITY CAT LICENSE FEE

Male or Female

Intact	\$18.00
Neutered/Spayed	\$ 7.00

A \$10.00 penalty will be assessed after February 14th

#####

TO REMOVE A DOG FROM OUR DATA BASE: If you no longer own a dog that was previously licensed, please notify our office so we may update our records and you are not issued a citation for non-compliance.

City of Crescent Dog/Cat License Application

Owner Information

Name _____

Address (mailing & physical address) _____

City _____ Zip _____ Home Phone _____

Circle One > RENEWAL NEW LICENSE

NEW LICENSE NUMBER _____

Dog/cat Name _____ Breed _____ Sex _____ Color _____

Markings _____

Rabies Certificate Number _____ Vaccination Date _____ Vaccination Exp. Date _____

Name of Veterinarian _____ Micro Chip Number _____

> Fee _____ Spayed/Neutered - \$15.00 _____ Intact Male or Female - \$30.00 _____ Penalty - \$10.00 DOG
Fee _____ Spayed/Neutered - \$ 7.00 _____ Intact Male or Female-\$18.00 _____ Penalty - \$10.00 CAT

Circle One > RENEWAL NEW LICENSE

NEW LICENSE NUMBER _____

Dog/cat Name _____ Breed _____ Sex _____ Color _____

Markings _____

Rabies Certificate Number _____ Vaccination Date _____ Vaccination Exp. Date _____

Name of Veterinarian _____ Micro Chip Number _____

> Fee _____ Spayed/Neutered - \$15.00 _____ Intact Male or Female - \$30.00 _____ Penalty - \$10.00 DOG
Fee _____ Spayed/Neutered - \$ 7.00 _____ Intact Male or Female-\$18.00 _____ Penalty - \$10.00 CAT

Circle One > RENEWAL NEW LICENSE

NEW LICENSE NUMBER _____

Dog/cat Name _____ Breed _____ Sex _____ Color _____

Markings _____

Rabies Certificate Number _____ Vaccination Date _____ Vaccination Exp. Date _____

Name of Veterinarian _____ Micro Chip Number _____

> Fee _____ Spayed/Neutered - \$15.00 _____ Intact Male or Female - \$30.00 _____ Penalty - \$10.00 DOG
Fee _____ Spayed/Neutered - \$ 7.00 _____ Intact Male or Female-\$18.00 _____ Penalty \$10.00 CAT

Circle One > RENEWAL NEW LICENSE

NEW LICENSE NUMBER _____

Dog/cat Name _____ Breed _____ Sex _____ Color _____

Markings _____

Rabies Certificate Number _____ Vaccination Date _____ Vaccination Exp. Date _____

Name of Veterinarian _____ Micro Chip Number _____

> Fee _____ Spayed/Neutered - \$15.00 _____ Intact Male or Female - \$30.00 _____ Penalty - \$10.00 DOG
Fee _____ Spayed/Neutered - \$ 7.00 _____ Intact Male or Female-\$18.00 _____ Penalty \$10.00 CAT

Total Dog/Cat License Fees.

I want to add a donation to help care for injured animals - \$2 \$5 \$10 \$ _____ + _____

Make **Check** payable to **City of Crescent** for this Amount ----- _____

This Box is for Office use only				
Person issuing _____	Date Received _____	Payment Type – Cash ___	Check # _____	Date sent out _____

