

**City Of McCallsburg**  
**Animal License Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pet's Name	Species	Sex	Breed	Color/Markings	Micro-chip
1. _____	Dog/Cat	M/F	_____	_____	_____
2. _____	Dog/Cat	M/F	_____	_____	_____
3. _____	Dog/Cat	M/F	_____	_____	_____
4. _____	Dog/Cat	M/F	_____	_____	_____

Veterinary Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Include with this Paperwork:

- **Copy of Rabies Vaccination – Picture of Pet(s) – Copy of Spay/Neuter Paperwork** -

Acknowledgement of Understanding:

*I accept as the owner of the above mentioned animal(s) that I will follow all the regulations as set forth by the Code of Ordinances of the City of McCallsburg, Chapter 25. I also accept I will be responsible for all fees and/or debts incurred by my animal(s) for any violation(s) of this code.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

License # 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_