





# 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 per animal will be assessed after February 14<sup>th</sup>**

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**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**

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Markings \_\_\_\_\_

Rabies Certificate Number \_\_\_\_\_ Vaccination Date \_\_\_\_\_ Vaccination Exp. Date \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Micro Chip Number \_\_\_\_\_

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Fee \_\_\_\_\_ Spayed/Neutered - \$ 7.00 \_\_\_\_\_ Intact Male or Female-\$18.00 \_\_\_\_\_ Penalty \$10.00 **CAT**

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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 _____ |