

Village of Hadar Dog License Application

Date: _____

Owner Information:

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Pet Information

Name of Pet: _____

Breed: _____

Age: _____

Rabies Vaccine Expiration Date: _____

Sex: Male Female

Spay or Neutered: Yes No

Below Line VILLAGE of HADAR UseOnly

Date Issued: _____

Tag#: _____

Fee: \$5.00

To license your dog present this completed form with a copy of your dog's current rabies vaccination records to the Hadar Animal Control Officer.

Contact: Bob Wehrer

402-379-4539

License Expires on the Same Date as the Rabies Vaccine Expires