

City of Treynor Animal Control

Dog License Application

PLEASE READ THE FOLLOWING CAREFULLY

If you live in the incorporated areas of the City of Treynor and you own, keep or harbor one or more dogs, six or more months of age you are required to license them. Treynor dog licenses are due yearly and expire on December 31, with a penalty being assessed after March 1st. To purchase a new dog license you will need the following, along with your completed application:

The appropriate license fee

- Please make checks payable to: **City of Treynor**

Proof of current rabies vaccination for each dog (1-3 pets allowed per resident)

- Proof of spay/neuter (if applicable)

*** RENEWING YOUR DOG LICENSE:** If your dogs 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:

Stop by or put in drop box – Treynor City Hall, 11 W Main St

Mail to – City of Treynor, PO Box 234, Treynor, IA 51575

Email to – deputyclerk@cityoftreynor.com

Phone – 712-487-3787

DOG LICENSE FEE

Male or Female

Intact \$20.00

Neutered / Spayed \$10.00

A \$10.00 penalty will be assessed after March 1st

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.

Year 20_____

City of Treynor Dog License Application

Owner Information

Name _____ Address _____

City _____ Zip _____ Phone #1 _____

Email _____ Phone #2 _____

Circle One > **RENEWAL** **NEW LICENSE**

NEW LICENSE NUMBER

Dog Name _____ Breed _____ Sex _____ Color _____ Markings _____

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

Name of Veterinarian _____ Micro Chip Number _____

> Fee

____ **Spayed/Neutered - \$10.00** ____ **Intact Male or Female - \$20.00** ____ **Penalty - \$10.00**

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NEW LICENSE NUMBER

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NEW LICENSE NUMBER

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

Name of Veterinarian _____ Micro Chip Number _____

> Fee

____ **Spayed/Neutered - \$10.00** ____ **Intact Male or Female - \$20.00**

Total Dog License Fees \$ _____

Make Check payable to the City of Treynor

This box is for office use only
Person issuing _____ Date Received _____ Payment Type – Cash ___ Check # _____ Xpress ___ Date sent out _____