



City of Osceola Pet License Application

The City of Osceola requires all dogs and cats over four (4) months of age kept, harbored, or maintained by citizens of the City of Osceola, be vaccinated for rabies, licensed, and registered with the City Clerk. Licenses are due on an annual basis by May 1st. **To obtain a Pet License, complete this application with proof of current rabies vaccination. Include the total fees of \$11.25 per pet. Return all items to the Osceola City Office to be processed.**

Primary Owner Name: _____ Phone: _____

Secondary Owner Name: _____ Phone: _____

Physical Address: _____ PO Box: _____

Email Address: _____

PET #1 Dog Cat Spayed or Neutered LICENSE # _____

Name of Pet: _____ Sex: Male Female

Special Markings & Color: _____

Breed: _____ Age: _____

Rabies Vaccination Expiration Date: _____ Copy: Attached On File (current from last year)

Administering Veterinarian: _____ Phone: _____

PET #2 Dog Cat Spayed or Neutered LICENSE # _____

Name of Pet: _____ Sex: Male Female

Special Markings & Color: _____

Breed: _____ Age: _____

Rabies Vaccination Expiration Date: _____ Copy: Attached On File (current from last year)

Administering Veterinarian: _____ Phone: _____

Under penalties of law, I declare that I have examined this notice and that it is, to the best of my knowledge and belief, true and correct and that I am duly authorized to sign this notice. I certify that the dog I am licensing is not of the following banned breeds: Staffordshire Bull Terrier, American Pit Bull Terrier, American Staffordshire Terrier, Chow, Doberman, Rottweiler, American Bandage Mastiff, Neapolitan Mastiff, or have the appearance and characteristics of being predominately one or more of these breeds.

Owner Signature: _____ **Date:** _____

Return application to the Osceola City Office or drop-box located at 350 N State Street. Or return the application by mail to City of Osceola, PO Box 701, Osceola, NE 68651. If you have any questions regarding this application or any other animal control concern, please call the city office at 402-747-3411.

For Office Use:

Total Amount due \$ _____ Paid: Cash Check: # _____ Date: _____

Processed by: _____ Tags Mailed to Owners: Updated Spreadsheet: _____