

Owners Last Name: _____

↑(Office use only)↑

APPLICATION FOR DOG LICENSE			
City of Winterset			
ALL DOGS 6 MONTHS AND OLDER MUST BE LICENSED			
OWNERS NAME:			
ADDRESS:			
HOME PHONE NUMBER:		DAYTIME PHONE NUMBER:	
BREED OF DOG:		NAME OF DOG:	
COLOR OF DOG:	AGE OF DOG:	SEX OF DOG:	
RABIES TAG#	RABIES VACCINATION DATE:	RABIES EXPIRATION DATE:	
SIGNATURE OF OWNER:		DATE:	
For Office Use Only		Total Fee:	
Tag #			

Mail this application, rabies certificate, proof of spay/neuter and fee to:

City of Winterset
 124 W Court Ave
 Winterset IA 50273



FEES		
Not Spayed /Neutered		\$15.00
Spayed or Neutered		\$10.00
(you must submit proof to qualify for reduced fee)		
Late Penalty (per dog after January 31)	additional	\$20.00