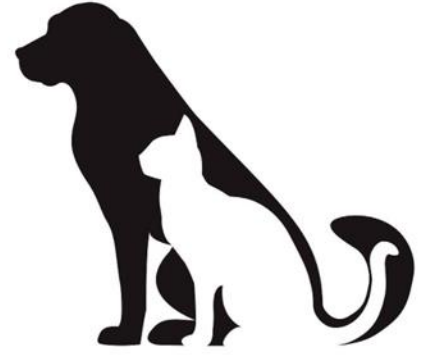


VILLAGE OF ELMWOOD

P.O. BOX 62

ELMWOOD, NE 68349

402-994-6705



PET LICENSE APPLICATION

Owner: _____

Street Address: _____

Phone: _____

Email: _____

Emergency Contact/Phone: _____

Pet Breed: _____ Color: _____

Name: _____ Approx. Age: _____

Select Gender: Male: _____ Neutered: Y / N

Female: _____ Spayed: Y / N

****By signing this application, I accept that the information provided is true and accurate.**

Pet Owner Signature: _____ Date: _____

License No: _____ *This License expires May 1, 2022

For office use only

Received payment of \$ _____ cash / check

Date Received: _____ Misc: _____ Entered: _____