



City of Fairbank
116 East Main Street • P.O. Box 447
Fairbank, Iowa 50629
319-635-2869 • Fax 319-635-2340

PET LICENSE APPLICATION

OWNER INFORMATION:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PET INFORMATION:

NAME: _____ DOG | CAT

BREED: _____ SEX: _____ AGE: _____

COLOR: _____ MARKINGS, IF ANY: _____

Owner must furnish a veterinarian's certificate showing that the animal for which the license is sought has been vaccinated against rabies and that the vaccination does not expire within six (6) months from the effective date of the license.

All licenses expire on January 1 of the year following the date of issuance.

Annual license fee -- \$10.00.

All unpaid license fees shall become delinquent on July 1 of the year due. Penalty \$5.00.

OWNER'S SIGNATURE _____

DATE _____

FOR CLERK'S OFFICE USE ONLY:

FEE: _____ CASH/CHECK/CARD TAG #: _____ DATE ISSUED: _____

CITY OF FAIRBANK TITLE: _____