

# 2019 PET LICENSE APPLICATION – CITY OF RALSTON

Make check or money orders payable to NEBRASKA HUMANE SOCIETY. You may license by mail OR in person at the following address: Nebraska Humane Society – 8929 Fort Street – Omaha NE 68134. You may also license online. Just go to [www.nehumanesociety.org](http://www.nehumanesociety.org). Follow the Community Services/Licensing Your Pet links, then click on your jurisdiction. **You may legally own 3 animals over 6 months.**

LICENSE FEES ARE DUE: **March 15, 2019**

Name:

Address:

City/State/Zip:

Phone #

**\*\*\*PLEASE READ CAREFULLY\*\*\***

If you own, keep or harbor one or more dogs or cats, four or more months of age, you are required to complete this license application.

**RALSTON LICENSES ARE DUE BY MARCH 15, 2019 AND DELINQUENT THEREAFTER. DELINQUENT CITY LICENSE FEES ARE DOUBLED.**

You must include proof of rabies vaccination with your license application. Proof of sterilization is required if you license at the spay/neuter rate. Contact your veterinarian.

**LICENSE FEES:** All license fees include a \$1.25 State Fee to fund the Nebraska Dog & Cat Operator Inspection Program

Altered Cat or Dog: \$ 6.25 (Fee if Late: \$11.25)

Intact Cat or Dog: \$16.25 (Fee if Late: \$31.25)

Lost Tag Replacement Fee: \$2.00

Optional Pet ID Tag (includes owner name, address & phone #, allow 4 – 6 weeks): \$7.00

<b>PET #1</b>	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Spayed/Neutered	<b>License Fee \$</b> _____
Pet Name _____	Age _____	Sex _____		Optional Pet ID \$ 7.00
Color _____	Breed _____			Replacement Tag \$ _____
MICROCHIP # _____	(If applicable)			<b>SUBTOTAL: \$</b> _____
<b>(Attach copy of rabies certificate AND proof of spay/neuter if applicable)</b>				

<b>PET #2</b>	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Spayed/Neutered	<b>License Fee \$</b> _____
Pet Name _____	Age _____	Sex _____		Optional Pet ID \$ 7.00
Color _____	Breed _____			Replacement Tag \$ _____
MICROCHIP # _____	(If applicable)			<b>SUBTOTAL: \$</b> _____
<b>(Attach copy of rabies certificate AND proof of spay/neuter if applicable)</b>				

<b>PET #3</b>	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Spayed/Neutered	<b>License Fee \$</b> _____
Pet Name _____	Age _____	Sex _____		Optional Pet ID \$ 7.00
Color _____	Breed _____			Replacement Tag \$ _____
MICROCHIP # _____	(If applicable)			<b>SUBTOTAL: \$</b> _____
<b>(Attach copy of rabies certificate AND proof of spay/neuter if applicable)</b>				

I would like to care for injured animals:  \$5  \$10  \$20  \$\_\_\_\_\_ Donation \$ \_\_\_\_\_

(Processing Fee is due on all transactions)

Allow 4 – 6 weeks for processing

**Processing Fee \$ 5.00**

If you have questions, please email  
[licensing@nehumanesociety.org](mailto:licensing@nehumanesociety.org) or call  
 our automated attendant at 402-444-6716. FAX: 402-546-1477

**TOTAL ENCLOSED \$** \_\_\_\_\_

**CHECK PROCESSING POLICY** -By sending your check, please be aware that you are authorizing the Nebraska Humane Society to use the information on your check to make a one-time electronic debit from your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check; no additional amount will be added. [If we cannot collect your electronic payment, we will issue a draft against your account.] Please contact NHS at (402) 444-6716 to learn about other payment options should you prefer to not have your payment handled in this manner.