2024 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. 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, 2024	***PLEASE READ CAREFULLY***
Name:	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.
Address:	RALSTON LICENSES ARE DUE BY MARCH 15, 2024, AND DELINQUENT THEREAFTER.
City/State/Zip:	You must include proof of rabies vaccination with your license
Phone #	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: \$13.25 (Fee if Late: \$23.25 + processing fee) Intact Cat or Dog: \$26.25 (Fee if Late: \$46.25 + processing fee) Lost Tag Replacement Fee: \$6.00 Optional Pet ID Tag (includes owner name, address & phone #, allow 4 - 6 weeks): \$7.00	
PET #1 □ Dog □ Cat □ Spayed/Neutered	License Fee \$
Pet Name Age S Color Breed	Sex Optional Pet ID \$ 7.00
Color Breed	Replacement Tag \$
MICROCHIP # (If applicable) SUBTOTAL: \$ (Attach copy of rabies certificate AND proof of spay/neuter if applicable)	
(Attach copy of rables certificate AND proof of spay/fleuter if applicable)	
PET #2 □ Dog □ Cat □ Spayed/Neutered	License Fee \$
Pet Name Age S	Sex Optional Pet ID \$ 7.00
Color Breed	Replacement Tag \$
MICROCHIP # (If applical (Attach copy of rabies certificate AND proof of spay/net	ble) SUBTOTAL: \$
(Allasii sopy of fubios softimoute Alise proof of opay/fleuter if applicable)	
PET #3 □ Dog □ Cat □ Spayed/Neutered	License Fee \$
Pet Name Age S	Sex
Color Breed	Replacement Tag \$
MICROCHIP # (If applicable) SUBTOTAL: \$ (Attach copy of rabies certificate AND proof of spay/neuter if applicable)	
(Attach copy of rables certificate AND proof of spay/fledier if applicable)	
I would like to care for injured animals: \$\Bigsig \$5\$ \$\Bigsig \$10\$ \$\Bigsig \$20\$ \$\Bigsig \$	
(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 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.