

2020 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, 2020**

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, 2020 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

PET #1	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Spayed/Neutered	License Fee \$ _____
Pet Name _____	Age _____	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)				

PET #2	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Spayed/Neutered	License Fee \$ _____
Pet Name _____	Age _____	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)				

PET #3	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Spayed/Neutered	License Fee \$ _____
Pet Name _____	Age _____	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)				

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 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.