## **SARPY COUNTY 2021 PET LICENSE APPLICATION**

Make checks or money orders payable to NEBRASKA HUMANE SOCIETY. You may license by mail by sending a check to: Nebraska Humane Society – 8929 Fort Street – Omaha NE 68134. You may also license online. Just go to <a href="https://www.nehumanesociety.org">www.nehumanesociety.org</a>. Follow the Community Services/Licensing Your Pet links, then click on your jurisdiction. *Thank you.* 

Name:	***PLEASE READ CAREFULLY***
Address:	If you own, keep or harbor one or more dogs OR cats* four or more months of age, you are required to complete this Pet License Application. See reverse side for applicable licensing information.
City/State/Zip:	You must include proof of rabies vaccinations with your license application. Proof of sterilization is required if you license at the spay/neuter rate.
Phone #	
LICENSE FEES: See reverse side of form for applicate Optional Pet ID Tag (includes owner name, address & p.	
PET #1 □ Dog □ Cat □ Spayed/Neutered	License Fee \$
Pet Name Sex	
Color Breed	Replacement Tag \$
☐ Attach copy of rabies certificate AND proof of spay/neut	er if applicable
PET #2 □ Dog □ Cat □ Spayed/Neutered	License Fee \$
Pet Name Age Sex	
Color Breed	Replacement Tag \$
MICROCHIP # (If applicable)	SUBTOTAL: \$
Attach copy of rabies certificate AND proof of spay/neut	• ————
DET #2	^
PET #3 □ Dog □ Cat □ Spayed/Neutered	
Pet Name Age Sex	Optional Pet ID \$ /.00
Color Breed	Replacement lag \$ SUBTOTAL: \$
☐ Attach copy of rabies certificate AND proof of spay/neut	• ————
PET #4 □ Dog □ Cat □ Spayed/Neutered	License Fee \$
Pet Name	<i>Optional Pet ID</i> \$ 7.00
Color Breed	Replacement Tag \$
MICROCHIP # (If applicable)	SUBTOTAL: \$
☐ Attach copy of rabies certificate <u>AND</u> proof of spay/neute	er if applicable
I would like to care for injured animals: ☐ \$5 ☐ \$10 ☐	I \$20
(Processing Fee is due on all transactions, <u>including late license pa</u>	
If you have questions, please email	OTAL ENCLOSED \$
licensing@nehumanesociety.org	(Do not send cash by mail)
or call our automated attendant at 402-444-6716.	(So not dona dadii by maii)

FAX: 402-546-1477

## SARPY COUNTY FEE SCHEDULE – All license fees include a \$1.25 State Fee to fund the Nebraska Dog and Cat Operator Inspection Program

If you do not know your jurisdiction, please email <u>Licensing@nehumanesociety.org</u> or call (402) 444-6716.

UNINCORPORATED SARPY COUNTY (Pet Limits: 4 Dogs and unlimited Cats)	
	ARD FEE FEE IF LATE
Male or Female intact\$	\$15.75 \$21.25 **
Neutered Male or Spayed Female\$	
Senior citizen (65+) with certified spayed or neutered dog. Must provide copy of driver's license or	r other
proof of age	\$0
Replacement Tag Fee\$5.00	ФО
Processing Fee\$5.00	
* <u>CATS</u> - No license required	
LICENSES ARE DUE JANUARY 1, 2021 AND ARE DELINQUENT AFTER MARCH 15, 2021*	
See above for Late Fee amount. **Processing Fee is due in addition to Late Fee.	
PELLEVILLE O PARILLON. (P. II P. A. L	
BELLEVUE & PAPILLION (Bellevue Pet Limits: 3 Animals / Papillion Pet Limits: 4 Animals)	
	ARD FEE FEE IF LATE
Male or Female intact\$	
Neutered Male or Spayed Female\$	
Senior citizen (65+) with certified spayed or neutered pet. Must provide copy of driver's license or	other
proof of age	\$0
Replacement Tag Fee	
Processing Fee\$5.00	
LICENSES ARE DUE JANUARY 1, 2021 AND ARE DELINQUENT AFTER MARCH 15, 2021*	
See above for Late Fee amount. **Processing Fee is due in addition to Late Fee.	
LAVISTA (Pet Limits 4 Animals; Maximum of 3 per species – Dogs, Cats)	
	ARD FEE FEE IF LATE
Male or Female intact\$	
Neutered Male or Spayed Female\$	§ 6.25 \$11.25 **
Senior citizen (65+) with certified spayed or neutered pet. Must provide copy of driver's license or	other
proof of age	\$0
Replacement Tag Fee\$2.00	
Processing Fee\$5.00	
Processing Fee\$5.00	
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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.