**Application for City of Elkins Pet License**

*Remember your pet’s license is a ticket home is he or she becomes lost.*

**Department of Animal Control**

**Animal Registration Form**

**Fill in the fields & mail to: City of Elkins**

Animal Control

1874 Stokenbury Road

Elkins, AR 72727

Send with proof of current vaccinations and pet altering. Make checks payable to the City of Elkins and a self-addressed stamped envelope. Your City license tag will be sent to you via mail. *Please keep the tag attached to the animal’s collar at all times.*

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Arkansas Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License Fees:**

DOG- Spayed/Neutered- $5.00 DOG- Un-sterilized/Intact- $15.00

Or under 6 months of age

CAT- Spayed/Neutered $5.00 CAT- Un-sterilized/Intact- $15.00

Dog/Cat Primary Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Pet’s Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet’s Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rabies Tag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Rabies Vaccination must be given by License Veterinarian*

Is your dog microchipped? \_\_\_\_\_\_\_\_\_\_\_ Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use**

Tag # Issued:\_\_\_\_\_\_\_\_\_ Receipt #:\_\_\_\_\_\_\_\_\_\_\_ Issued by:\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_