



20__ License Application



OWNER INFORMATION:

Name _____ Address _____

Home phone # _____ Work # _____ Cell # _____

E-mail: _____

ANIMAL INFORMATION:

Animal Name: _____ Dog Cat

Primary Breed: _____ Secondary Breed: _____

Primary Color: _____ Secondary Color: _____

Color Pattern: _____

Sex: Female Male Is animal spayed/neutered? Yes No Age: _____

RABIES INFORMATION: PROOF MUST BE SENT WITH APPLICATION

Vaccination Date: _____

Vaccination Expiration Date: _____

Tag # _____

Veterinarian: _____

Check one:

____ Spayed/Neutered Pet License \$5

____ Unspayed/Unneutered Pet License \$10

____ Kennel License (4 or more pets) \$50

Please make checks payable to the Beadle County Humane Society

If mailing, mail your check to: BCHS, 5063 Dakota Ave S, Huron SD 57350.

Your tag should arrive by mail within five to seven days.

MARK YOUR CALENDAR! LICENSES MUST BE RENEWED EVERY YEAR!

(Staff use only)

Tag number issued: _____ Date issued: _____

Issued by: _____